

[Type text]

FORM XXIV

[See Rule 82(1)]

Return to be sent by the Contractor to the Licensing Officer

Half-Year-Ending.....

1. Name and address of the Contractor ..
2. Name and address of the establishment
3. Name and address of the Principal employer
4. Duration of Contract: Fromto.....
5. No. of days during half year on which-
 - (a) the establishment of the Principal employer had worked
 - (b) the contractor's establishment had worked.. ..
6. Maximum number of contract labour employed on any day during the half year:

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
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7. (i) Daily hours of work and spread over-
 - (ii) (a) whether weekly holiday observed and on what day-
 - (b) If so, whether it was paid for-
 - (iii) No. of man-hours of overtime worked
8. Number of man-days worked by-

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
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9. Amount of wages paid-

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
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10. Amount of deduction from wages, if any-

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
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11. Whether the following have been provided-
 - (i) Canteen
 - (ii) Rest-Room
 - (iii) Drinking water
 - (iv) Creches
 - (v) First-Aid

(If the answer is 'yes' state briefly standards provided)

Place

Date

Signature of Contractor