

FORM I

[See section 4 (1)]

ANNUAL RETURN

(To be furnished to the Inspector or the authority specified for this purpose under the respective Scheduled Act before the 30th April of the following year)

(Ending 31st March _____)

1. Name of the establishment, its postal address, telephone number, FAX number, e-mail address and location
2. Name and postal address of the employer
3. Name and address of principal employer, if the employer is a contractor
4. Name of the Manager responsible for supervision and control

- i) Name of business, industry, trade or occupation carried on by the employer
- ii) Date of commencement of the business, industry, trade or occupation

5. Employer's number under ESI/EPF/Welfare Fund/PAN No., if any

6. Maximum number of workers employed on any day during the year to which this return relates to:

Category	Highly Skilled	Skilled	Semi-skilled	Un-skilled
Male				
Female				
Children (those who have not completed 18 years of age)				
Total				

7. Average number of workers employed during the year:

8. Total number of mandays worked during the year:

9. Number of workers during the year:

(a) Retrenched :

(b) Resigned :

(c) Terminated :

10. Retrenchment compensation and terminal benefits paid (provide information completely in respect of each worker)

11. Mandays lost during the year on account of

(a) Strike:

(b) Lockout:

(c) Fatal accident:

(d) Non-fatal accidents:

12. Reasons for strike or lockout :
 13. Total wages paid (wages and overtime to be shown separately):
 14. Total amount of deductions from wages made
 15. Number of accidents during the years:

Reported to Inspector of Factories/Dock Safety	Reported to Employees' State Insurance Corporation	Reported to Workmen's Compensation Commissioner	Others
Fatal			
Non-fatal			

16. Compensation paid under the Workmen's Compensation Act, 1923 (8 of 1923) during the year
 (i) Fatal accidents:
 (ii) Non-fatal accidents:

17. Bonus*
 (a) Number of employees eligible for bonus:
 (b) Percentage of bonus declared and number of employees who were paid bonus:
 (c) Amount payable as bonus:
 (d) Total amount of bonus actually paid and date of payment:

Place:
 Date:

Signature of the Manager/Employer
 with full name in capital letters

ANNEXURE I*

Name and address of the contractor	Period of contract From to	Nature of work	Maximum number of workers employed by each contractor	Number of days worked	Number of mandays worked
1	2	3	4	5	6

ANNEXURE II

(See Item No. 6)

Serial Number	Name of the employee/worker	Date of Employment	Permanent address
1	2	3	4