

FORM-XXIV

(See Rule-82(1))

Return to Sent by the Contractor 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 :- From _____ to _____
5. Number of days during the Half year on which :-
 - (a) The establishment of 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 :-
Man _____ Women _____ Children _____ Total _____
7. (i) Daily hours of work and spreadover _____
(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 _____
Men _____ Women _____ Children _____ Total _____
9. Amount of wages paid _____
Men _____ Women _____ Children _____ Total _____
10. Amount of deductions from wages, if any _____
Men _____ Women _____ Children _____ Total _____
11. Whether the following have been provided _____
 - (i) Canteen _____
 - (ii) Rest-Rooms _____
 - (iii) Drinking water _____
 - (iv) Creches _____
 - (v) First-aid _____

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

Place _____
Date _____

Signature of the Contractor