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