

FORM-XXIV

[See rule 82(1)]

RETURN TO BE SENT BY THE CONTRACTOR TO THE LICENSING OFFICER

- Half year**
1. Name _____ and _____ address _____ of _____ the contractor _____
2. Name _____ and _____ address _____ of _____ establishment _____
3. Name _____ and _____ address _____ of _____ Principal Employer _____
4. Duration _____ of _____ contract: From _____ to _____
5. Number of days during the half year on which:-
- (a) The _____ establishment _____ of _____ the _____ principal _____ employer _____ has 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 spread over.
(ii) (a) Whether weekly holiday observed and on what day
(b) If so, whether it was paid for.
(iii) Number of man hours of overtime worked by:-
8. Number of man-days worked by:-
- | | | | |
|-----|-------|----------|-------|
| Man | Women | Children | Total |
|-----|-------|----------|-------|
9. Amount of wages paid:
- | | | | |
|-----|-------|----------|-------|
| Man | Women | Children | Total |
|-----|-------|----------|-------|
10. Amount of deductions from wages, if any:-
- | | | | |
|-----|-------|----------|-------|
| Man | Women | Children | Total |
|-----|-------|----------|-------|
11. Whether the following have been provided:-
- (i) Canteen _____
- (ii) Rest rooms _____
- (iii) Drinking Water _____
- (iv) Crèches _____
- (v) First aid _____

(If the answer if "Yes" state briefly standards provided)

Place:
Date:

Signature of Contractor