

FORM XXIV
{ See Rules 82 (i) }

Return to be sent by the contractor to the licensing officer

Half-year Ending

1. Name and address of contractor :
2. Name and address of the establishment:
3. Name and address of principal employer :
4. Duration of contractor From To
5. No of days during the half-year on which
 - a) The establishment of the principal employer had worked :
 - b) The contractor's establishment had worked :
6. Maximum number of contractor labour employed on any day during the half-year
 - Men :
 - Women :
 - children :
 - Total :
 - a. 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 :
7. Number of man days worked by-
 - Men :
 - Women :
 - children :
 - Total :
8. Amount of wages paid -
 - Men :
 - Women :
 - children :
 - Total :
9. Amount of deductions from wages, if any-
 - Men :

Women :
children :
Total :

10. 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 standard provided)

Place:

Date:

Signature of contractor.

