

**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.

