THE SECOND SCHEDULE

[See section 2(c)]

FORM I

[See section 4 (1)]

ANNUAL RETURN

(To be furnished to the Inspector or the authority specified for this purpose under the respective Scheduled Act before the 30th April of the following year)

(ending 31st March____________________)

1. Name of the establishment, its postal address, telephone number, FAX number, e-mail address and location____

______________________________

_____________________________________________________________

2. Name and postal address of the employer____________________________

___________________________________________________________

3. Name and address of principal employer, if the employer is a contractor________________________

___________________________________________________________

4. Name of the Manager responsible for supervision and control________________________________________

   (i) Name of business, industry, trade or occupation carried on by the employer________________________

   __________________________________________________________

   (ii) Date of commencement of the business, industry, trade or occupation________________________

   __________________________________________________________

5. Employer’s number under ESI/EPF/Welfare Fund/PAN No., if any______________________________

6. Maximum number of workers employed on any day during the year to which this return relates to:

<table>
<thead>
<tr>
<th>Category</th>
<th>Highly Skilled</th>
<th>Skilled</th>
<th>Semi-skilled</th>
<th>Un-skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (those who have not completed 18 years of age)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Average number of workers employed during the year:

8. Total number of mandays worked during the year:

9. Number of workers during the year:

   (a) Retrenched :

   (b) Resigned :

   (c) Terminated :

10. Retrenchment compensation and terminal benefits paid (provide information completely in respect of each worker)________________________________________________________________________________________

11. Mandays lost during the year on account of—

   (a) Strike :

   (b) Lockout :

   (c) Fatal accident :

   (d) Non-fatal accidents :
12. Reasons for strike or lockout:

13. Total wages paid (wages and overtime to be shown separately):

14. Total amount of deductions from wages made:

15. Number of accidents during the years:

<table>
<thead>
<tr>
<th>Reported to Inspector of Factories/Dock Safety</th>
<th>Reported to Employees’ State Insurance Corporation</th>
<th>Reported to Workmen’s Compensation Commissioner</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Fatal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Compensation paid under the Workmen’s Compensation Act, 1923 (8 of 1923) during the year:

(i) Fatal accidents:

(ii) Non-fatal accidents:

17. Bonus*

(a) Number of employees eligible for bonus:

(b) Percentage of bonus declared and number of employees who were paid bonus:

(c) Amount payable as bonus:

(d) Total amount of bonus actually paid and date of payment:

Signature of the Manager/Employer with full name in capital letters.

Place:
Date:

ANNEXURE I*

<table>
<thead>
<tr>
<th>Name and address of the Contractor</th>
<th>Period of contract From to</th>
<th>Nature of work</th>
<th>Maximum number of workers employed by each contractor</th>
<th>Number of days worked</th>
<th>Number of mandays worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

ANNEXURE II
(See Item No. 6)

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Name of the employee/worker</th>
<th>Date of employment</th>
<th>Permanent address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

* Delete, if not applicable.
FORM II
See section 4(1)
REGISTER OF PERSONS EMPLOYED-CUM-EMPLOYMENT CARD

Name of the establishment, address, telephone number, FAX number and e-mail address

Location of work

Name and address of principal employer if the employer is a contractor

1. Name of workman/employee

2. Father’s/Husband’s name

3. Address:
   (i) Present
   (ii) Permanent

4. Name and address of the nominee/next of kin

5. Designation/Category

6. Date of Birth/Age

7. Educational qualifications

8. Date of entry

9. Worker’s ID No./ESI/EPF/L.W.F. No.

10. If the employed person is below 14 years, whether a certificate of age is maintained

11. Sex: Male or Female

12. Nationality

13. Date of termination of employment with reason

14. Signature/thumb impression of worker/employee

15. Signature of the employer/Authorised officer with designation

Signature of the contractor/authorised representative of the principal employer.
FORM III
[See section 4(I)]
MUSTER ROLL-CUM-WAGE REGISTER

Name of the establishment and address__________________________________________________________

Location of work______________________________________________________________________________

Name and address of employer_____________________________________________________________________

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial number</td>
<td>Name of the worker (ID No. if any) and father’s/husband’s name</td>
<td>Designation /category/ nature of work performed</td>
<td>Attendance (Dates of the month 1, 2, .. to 31)</td>
<td>Leave due (Earned leave and other kind of admissible leave)</td>
<td>Leave availed (specify)</td>
<td>Wage rate/pay or piece rate/wages per unit</td>
<td>Other allowances, e.g. (a) Dearness Allowance (b) House Rent Allowance (c) Night Allowances (d) Displacement Allowance (e) Outward Journey Allowance</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Overtime worked number of hours in the month</td>
<td>Amount of overtime wages</td>
<td>Amount of advance and purpose of advance</td>
<td>Total/gross earnings</td>
<td>Deduction e.g. (a) Provident Fund (b) Advance (c) Employees ` State Insurance (d) Other amount</td>
<td>Net amount payable (12-13)</td>
<td>Signature /receipt of wages/allowances for column number 14</td>
<td>Remarks</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certificate by the principal employer if the employer is contractor.
This is to certify that the contractor has paid wages to workmen employed by him as shown in this register.

Signature of principal employer/ authorised representative of principal employer.]