

THE SECOND SCHEDULE

[See section 2(c)]

FORM I

[See section 4 (I)]

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:

Category	Highly Skilled	Skilled	Semi-skilled	Un-skilled
Male				
Female				
Children (those who have not completed 18 years of age)				
Total				

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 :

Reported to Inspector of Factories/Dock Safety	Reported to Employees' State Insurance Corporation	Reported to Workmen's Compensation Commissioner	Others
Fetal			
Non-Fatal			

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\*

Name and address of the Contractor	Period of contract From to	Nature of work	Maximum number of workers employed by each contractor	Number of days worked	Number of mandays worked
1	2	3	4	5	6

ANNEXURE II

(See Item No. 6)

Serial Number	Name of the employee/worker	Date of employment	Permanent address
1	2	3	4

\* 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 \_\_\_\_\_

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

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.]