

**Contract Labour Act**  
**FORM XII**  
( See Rule 74 )

***Register of Particular of Contractor***

1. Name and address of the Principal Employer \_\_\_\_\_  
\_\_\_\_\_

2. Name and address of the establishment \_\_\_\_\_  
\_\_\_\_\_

| Sl. No. | Name and address of contractor | Nature of work on contract | Location of contract work | Period of contract |    | Maximum No. of workmen employed by contractor |
|---------|--------------------------------|----------------------------|---------------------------|--------------------|----|-----------------------------------------------|
|         |                                |                            |                           | From               | To |                                               |
| 1       | 2                              | 3                          | 4                         | 5                  | 6  | 7                                             |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |
|         |                                |                            |                           |                    |    |                                               |

Place \_\_\_\_\_

Date \_\_\_\_\_

*Signature of the Licensing Officer*