

Contract Labour Act

FORM XXIV

[See Rule (1)]

Return to be sent by the Contractor to the Licensing Officer Half Year end

1. Name and Address of the Contractor :-
2. Name and Address of the Establishment :-
3. Name and Address of the Principal Employer :-
4. Duration of Contact : From :- ___/___/_____ to ___/___/_____
5. No. of Days During the Half - Year on which -
 - a) The Establishment of The Principal Employer has worked :-
 - b) The contractor's establishment had worked :-

6. Maximum Number of Contract Labour Employed on any Day During the Half Year:

Men	Women	Children	Total

7. (i) Daily hours of work and spreadover-
 - (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 :-

8. Number of Man Days Worked :-

Men	Women	Children	Total

9. Amount of wages paid :-

Men	Women	Children	Total

10. Amount of deductions from wages, if any :-

Men	Women	Children	Total

11. Whether the following have been provided-

- | | | | |
|----------------------|----|----|----|
| (i) Canteen | .. | .. | .. |
| (ii) Rest-Rooms | .. | .. | .. |
| (iii) Drinking-water | .. | .. | .. |
| (iv) Crèches | .. | .. | .. |
| (v) First-Aid | .. | .. | .. |

(If the answer is 'yes' state briefly standards provide)

Signature of Contractor

Place.....

Date.....