

ANNEXURE V 2024

FORM FOR SELF CERTIFICATION AND CONSOLIDATED ANNUAL RETURN TO BE SUBMITTED BY THE EMPLOYER REGISTERED UNDER THE SCHEME

REGISTRATION NO :

NAME & ADDRESS OF THE REGISTERED ESTABLISHMENT

—

I, Mr./Mrs./Miss __, hereby certify that I am the Occupier/Employer/Contractor of the factory establishment whose identification and general details are as follows. I hereby certify that the status of compliance of the following labour laws and annual information of my enterprise during the year __ is as under :

- (i) The Minimum Wages Act, 1948 and Gujarat Rule-21 (4) 1961, there under
- (ii) The Contract Labour [Regulation & Abolition] Act, 1970 and Gujarat Rules 82 (1), 82 (2), 1972 thereunder
- (iii) The Factories Act, 1948 and Gujarat Factories Rules 1963 (GFR)
- (iv) The Payment of Bonus Act, 1965 and Rule 5 there under
- (v) The Payment of Gratuity Act, 1972 and Gujarat Rule 1976 there under

1. Name and address of establishment/Factory : Meril Life Sciences Pvt Ltd
Near G. M Bilakhia Stadium, Muktanand Marg Chala, Vapi Ta- Pardi Dist :- Valsad

Tele. No.	Mobile No.	Fax No.	Email Address

2. Name and residential address of the Employer/Occupier/Contractor : Shivang Surti

Tele. No.	Mobile No.	Fax No.	Email Address

3. Name and residential address of the Manager or person responsible for supervision or control of the establishment/factory : Harsh

Tele. No.	Mobile No.	Fax No.	Email Address

4.Registration No./Licence No. and date of commencement of the establishment/Factory : 123

5.Nature of Industry/activity : medical device

6.Number of Employees employed (Including contract workers) : medical device

Type of Worker	Unskilled	semiskilled	Skilled	Total	Male	Female
Direct			1000	1000	600	400
Through Contractor						
Total			1000	1000	600	400

Part A

My establishment is covered under the Minimum Wages Act, 1948 and rules made thereunder and all workers/office staff are paid wages overtime wages as prescribed by the Government of Gujarat. I have maintained all the registers and records as required under the law.

1.Number of days the establishment/factory worked in the year : 303

2 :Number of man days worked in the year : 1000

3 :Number of average employees employed in the year : 1000

4 :Total wages paid category wise :

Male	555
Female	400

5.Total Fine Imposed:, if any : NULL

6.Other deductions:, if any : NULL

Part B

The Part A and B are to be furnished if the maximum number of employees employed on any day during the year under report exceed 9 (Nine)

My establishment is covered under the Payment of Bonus Act, 1965 and the workers are paid bonus. I have maintained records and registers as per the Act.

1.Percentage of bonus paid : 20%

2.Number of beneficiaries : 303

3.Total amount of bonus paid : 303

4.Date of payment : 303

5.If bonus is not paid, reason there of : 303

Part C

Part A, B & C are to be furnished, if the establishment has employed more than 9 contract labour on any day during the year under report. (Details to be provided by the Principal Employer)

My establishment is covered under Contract Labour (Regulation and Abolition) Act, 1970 and the workers are paid wages and overtime wages as prescribed by the Government of Gujarat. I have maintained records and registers as per the Act.

1.Name and postal address of the contractor : abc

2.Nature of work/operations of contractor : abc

3.Total number of days during he year on which contract labour was employed : 123

- 4.Total number of man days worked during the year by contract labour : 123
- 5.Total number of days during the year on which direct labour was employed : 123
- 6.Total number of man days worked by direct labour : 123
- 7.Change, if any, in the management of establishment its locations, or any other particulars furnished to the Registering Officer in the application for the registration (Details may be furnished with dates of changes) : ---

YEARLY RETURN to be submitted by the Contractors employing more than 9 workers.

- 1.Duration of contract : abc
Number of days worked during the year : abc
- 2.Average number of contract labour worked on any day during the year : 123
- 3.Details of
- (a) Working hours : 123
 - (b) Overtime work : 123
 - (c) Weekly holiday : 123
 - (d) Spread over : 123
 - (e) Weekly holiday paid or not : 123

- 4.Number of mandays worked :
During the year

Male	Female	Total
1	1	1
1	1	1

- 5.Amount of wages paid : 123
- 6.Amount of deduction from wages : 123
- 7.The following has been provided?
- Canteen : yes
 - Rest rooms : yes
 - Drinking water : yes
 - Creches : yes
 - First aid : yes

Part D

Details for self-certification under The Factories Act, 1948 and Rules made there under

My factory is registered under The Factories Act, 1948 and provisions regarding Health, Safety, Welfare etc., are complied with.

Plan approval No: 12345	Date: ##### Stability Certificate
	(i) obtained on date : 01-01-2024 (ii) submitted on date: 25-12-2023