

Price: ` 1

**Annual Returns Application Form**

**Applicant Details**:-

**Aadhaar Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Door No\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Locality\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandal\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Village \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Specific Details**:-

**Factory Registration Number\*:\_\_\_\_\_\_\_\_ Name of the Factory / Establishment\*: \_\_\_\_\_\_\_\_\_\_\_**

**Door Number \*: \_\_\_\_\_\_\_\_\_\_\_\_\_ Location\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mandal\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Occupier\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of the Occupier\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Manager\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of the Manager\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is ESI Employer's Code Available \* 🞏 Yes 🞏 No If yes SSI Registration No. \*: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is SSI Registration No Available \*: 🞏 Yes 🞏 No If yes SSI Registration No. \*: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of the Industry and the Products manufactured or Services provided\*:**

**🞏 Large 🞏 Medium 🞏 Micro 🞏 Small**

**Total Number of Days worked in the Year\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workers Number of working Details** :-

**( a ) Number of Man - Days Worked \*:**

**Adult Men:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Women :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adolescents Children without Certificate of Fitness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(b ) Average number of Persons employed \*:**

**Adult Men:**

**1) Regular:\_\_\_\_\_\_\_\_\_\_\_\_ 2)Contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)Casual:\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Women:**

**1) Regular:\_\_\_\_\_\_\_\_\_\_ 2)Contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)Casual:\_\_\_\_\_\_\_\_\_\_\_\_**

**Adolescents Children without Certificate of Fitness:**

**1) Regular: \_\_\_\_\_\_\_\_\_\_ 2) Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) Casual:\_\_\_\_\_\_\_\_\_\_\_\_**

**(c) Total Man Hours worked on over time\*:**

**1) Regular:\_\_\_\_\_\_\_\_\_\_\_\_ 2)Contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)Casual:\_\_\_\_\_\_\_\_\_\_\_\_**

**(d) Total amount of OT Wages Paid\*:**

**1) Regular:\_\_\_\_\_\_\_\_\_\_\_\_ 2)Contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)Casual:\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Any Process declared dangerous u/s 87 carried on? If so, Please Mention average no. of workers employed in each process \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salaries Details:**

**Total Salaries and wages Paid\*: \_\_\_\_\_\_\_\_\_\_\_ Total amount of Bonus Paid\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Percentage of Bonus Paid\*: \_\_\_\_\_\_\_ Total Amount of welfare Fund Contributed\*: \_\_\_\_\_**

**Facilities provided / established as required by the factories Act:**

**Cooled Drinking Water U/s 18\*: 🞏 Yes 🞏 No Safety Officers U/s 45\*: 🞏 Yes 🞏 No**

**Ambulance Room U/s 45\*: 🞏 Yes 🞏 No Canteen U/s 48\*: 🞏 Yes 🞏 No**

**Full Time / Part time / Retainer basis Medical Officer\*: 🞏 Yes 🞏 No**

**Shelter / Rest or Lunch Room U/s 47\*: 🞏 Yes 🞏 No Welfare Officer U/s 49\*:🞏 Yes 🞏 No**

**Fatal / Non fatal Accidents :**

**Total Number of Fatal Accidents\*: \_\_\_\_\_\_\_\_ Total Number of Non fatal Accidents\*: \_\_\_\_\_\_\_\_\_**

**Man Days lost due to Non - fatal Accidents\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maternity / Medical Benefits :**

**No of Cases Maternity Benefits claimed\*: \_\_\_\_\_\_ No of Cases Maternity Benefits paid\*: \_\_\_\_\_**

**No of cases Medical bonus claimed \*: \_\_\_\_\_\_No of cases Medical bonus paid\*: \_\_\_\_\_\_\_\_\_\_\_\_**

**No. of cases leave for miscarriage applied \*: \_\_\_\_ No. of cases leave for miscarriage granted\*: \_ No. of Cases additional leave for illness applied \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of Cases additional leave for illness granted\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount of Maternity Benefits paid\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Leave details:**

**No. of workers who were entitled to annual leave with the wages during the year\*: \_\_\_\_\_\_\_\_\_\_**

**No. of workers who were allowed to annual leave with the wages during the year\*: \_\_\_\_\_\_\_\_\_**

**Total amount paid towards annual leave with wages encashment\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Person Details:-**

**Authorized Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Type\*: 🞏 Manual 🞏 Local 🞏 Non-Local**

**Mobile NO\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Document List:-**

**🞏 Application Form\***

**🞏 Department Application Form (Form 2)** \*

**🞏 Drawing** \*

**🞏 Process Design** \*

**🞏 Scale** \*

**🞏 Pan Card of organization/Aadhar Card of the occupier**

**Applicant’s Signature**