

**FORM 20**  
**{See Rule 134(1)}**  
**COMBINED ANNUAL RETURN**

**Factory License No:**

**Year Ending:**

- |      |                       |  |
|------|-----------------------|--|
| i)   | Form 20, Rules 134    | Karnataka Factories Rules, 1969                                |
| ii)  | Form XXV, Rules 82(2) | Contract Labour (Regulation & Abolition) Karnataka Rules, 1969 |
| iii) | Form III, Rules 22(4) | Karnataka Minimum Wages Rules, 1958                            |
| iv)  | Form D, Rules 5       | Payment of Bonus Rules, 1975                                   |
| v)   | Form IV, Rules 20     | Karnataka Payment of Wages Rules, 1963                         |
| vi)  | Form K,L,M, Rules 16  | Karnataka Meternity Benefit Rules, 1963                        |

|   |   |  |
|---|---|--|
| <b>1 Name of the Factory/ Establishment</b> | : |  |
|---|---|--|

| 2 Full Postal Address   | Factory | Registered Head Office |
|-------------------------|---------|------------------------|
| <b>Location Address</b> |         |                        |
| <b>Telephone</b>        |         |                        |
| <b>Fax</b>              |         |                        |
| <b>E-mail</b>           |         |                        |

| 3 Name and Residential Address of the person/Principal Employer Responsible for conduct and control of the Business: |             |                     |            |        |        |
|--|-------------|---------------------|------------|--------|--------|
| Name   | Designation | Residential Address | Telephone  | Mobile | E-mail |
|  |             |                     | (o)<br>(R) |        |        |

| 4 Name and Residential Address of the Occupier and Manager |                 |                     |            |        |        |
|--|-----------------|---------------------|------------|--------|--------|
| Name   | Designation     | Residential Address | Telephone  | Mobile | E-mail |
| <b>i)</b>  | <b>Occupier</b> |                     | (o)<br>(R) |        |        |
| <b>ii)</b>   | <b>Manager</b>  |                     | (o)<br>(R) |        |        |

|   |   |  |
|---|---|--|
| <b>5 Date of Commencement of Manufacturing Business</b> | : |  |
|---|---|--|

|   |   |  |
|---|---|--|
| <b>6 Nature/ Type of Industry/Establishment</b> | : |  |
|---|---|--|

| 7 Particulars of products manufactured/ service Rendered |                               |                           |                       |                     |       |
|--|-------------------------------|---------------------------|-----------------------|---------------------|-------|
|  | Name of the Product/ services | Annual installed Capacity | Quantity Manufactured | Percentage Achieved | Value |
| i)   |                               |                           |                       |                     |       |
| ii)  |                               |                           |                       |                     |       |
| iii)   |                               |                           |                       |                     |       |
| iv)  |                               |                           |                       |                     |       |
| v)   |                               |                           |                       |                     |       |
| vi)  |                               |                           |                       |                     |       |

|        |  |   |        |
|--------|--|---|--------|
| 8      | Does the Factory carry on Hazardous Process under section 2(CB) of Factories Act, 1948 | : | YES/NO |
| IF YES |  |   |        |
| i)     | Whether Health and Safety policy prepared and published                                | : | YES/NO |
| ii)    | Whether Occupational Health Center Provided  | : | YES/NO |
| iii)   | Whether Medical Officer appointed  | : | YES/NO |
| iv)    | Whether Ambulance Van provided   | : | YES/NO |

| 9                                    | <b>a. Particulars of Employment:</b>   |                            |  |  |  |
|--------------------------------------|--|----------------------------|--|--|--|
| No. of Persons on Roll as on 1.1.200 | No. of Persons on Roll as on 31.12.200 | No. of Days factory worked | No. of Man days worked during the year | No. of Man hours worked including O.T. during the year | Toatal amount of salary/wages paid including O.T. wages and allowances |
|                                      |  |                            | Men:<br>Women:<br>Total                | Men:<br>Women:<br>Total                                |  |

|   |       |       |
|---|-------|-------|
| <b>b. Average Number of Employments during the year</b> |       |       |
| Men   | Women | Total |
|   |       |       |

|    |  |   |  |
|----|--|---|--|
| c. | Number of Employees Discharged, Dismissed, Terminated, Retrenched, Resigned or Retired during the year | : |  |
|----|--|---|--|

| 10        | <b>Particulars of Earned Leave with Wages</b> |  |  |   |  |
|-----------|---|--|--|---|--|
|           | Total No. of persons Employed                 | No. of Employees Eligible for Earned Leave | No. of Employees Availd/Granted Earned Leave | No. of Employees Discharged, Dismissed, Terminated, Retrenched, Resigned or Retired during the year | No. of Employees paid Wages/Salary in lieu of Earned Leave |
| i) Men    |   |  |  |   |  |
| ii) Women |   |  |  |   |  |

|   |  |  |
|---|--|--|
| <b>11 a. Safety and Welfare Officers</b>                        |  |  |
|   | <b>Number of Officers required to be appointed</b> | <b>Number of Officers actually appointed</b> |
| <b>i) Safety Officers as per ec. 40 B of Factories Act</b>      |  |  |
| <b>ii) Welfare Officers as per sec. 49(1) of Factories Act.</b> |  |  |

**b. Whether the following Welfare Measures are provided?**

**i) Ambulance room as per section 45(4) : YES/NO**

**ii) Canteen as per Section 46(1) : YES/NO**

**iii) Whether the canteen is run departmentally or through contractor: : Departmentally/ Contractor**

**iv) Creche as per section (1) : YES/NO**

**v) Shelters, Rest Rooms and Lunch Rooms as per section 47(1) : YES/NO**

**12 Particulars of accident, Man Days Lost and Others**

**i) Total Number of accidents that have taken place in the year :**

**ii) Number of employees involved in such accidents. :**

**iii) Total number of man days loss in such accidents :**

**iv) Number of employees returned to work within 48 hours of the accident :**

**v) Number of employees returned to work after 48 hours of the accident (Reportable accident) :**

**a. without permanent/partial/total disablement :**

**b. with permanent/partial/total disablement :**

**vi) Number of employees involved in accidents which either immediately or later within 7 days resulted in death :**

**13 Particulars of Maternity Benefits:**

**1. Total No. of woman workers who worked for a peiod of 160 days in the last 12 months immediately preceding the date of delivery :**

**2. No. of women workers discharged/ dismissed in the last 12 months. :**

**3. No. of women workers for whom pre-natal cnfinement and post-natal confinement is provided by the employer with free of cost. :**

**4. No. of Women workers died :**

**a) Before Delivery :**

**b) After Delivery :**

**Leave/ additional Details:**

| Item                                     | No. of Women applied for leave | Leave sanctioned | Leave rejected |
|--|--------------------------------|------------------|----------------|
| Miscarriage                              |                                |                  |                |
| Illness (additional Leave under Sec. 10) |                                |                  |                |

**Maternity Benefit Paid:**

| item          | No. of claims recieved | No. of leaves sanctioned | No. of claims rejected | Total benefit paid in Rupees |
|---------------|------------------------|--------------------------|------------------------|------------------------------|
| Confinement   |                        |                          |                        |                              |
| Miscarriage   |                        |                          |                        |                              |
| Illness       |                        |                          |                        |                              |
| Medical Bonus |                        |                          |                        |                              |

| 14 Particulars of Deductions made from salary (Wages) |                           |                                |
|---|---------------------------|--------------------------------|
|   | No. of Employees involved | Total amount of deduction made |
| i. Fines  |                           |                                |
| ii. Damages/Loss                                      |                           |                                |
| iii. Breach of contract                               |                           |                                |
| iv. Others  |                           |                                |
| <b>Total</b>  |                           |                                |

| 15 Pyment of Bonus during the year  |   |                                       |                 |
|-------------------------------------|---|---------------------------------------|-----------------|
| No. of employees eligible for bonus | Percentage of bonus/ Ex-gratia declared | Total amount of Bonus/ Ex-gratia paid | Date of Payment |
|                                     |   |                                       |                 |

| 16 Contract Labour                  |                            |                |                         |   |                    |                         |  |
|-------------------------------------|----------------------------|----------------|-------------------------|---|--------------------|-------------------------|--|
| Name and address of the contractors | Period of contract From/to | Nature of work | No. of persons employed | Max. No. of contract workmen' employed on any day during the year | No. of days worked | No. of man' days worked |  |
| i.                                  |                            |                |                         |   |                    |                         |  |
| ii.                                 |                            |                |                         |   |                    |                         |  |
| iii.                                |                            |                |                         |   |                    |                         |  |

Certified that the information furnished above is, to the best of my knowledge and belief, correct.

**Signature of Employer/Occupier/Manager**

**Dated:**

**Place:**

**Name:**

**Designation:**

**THE PAYMENT OF WAGES ACT. 1936  
FORM NO iv--ANNUAL RETURNS  
WAGES AND DEDUCTIONS FROM WAGES**

Return For the year ending 31<sup>st</sup> December

- 1 (a) Name of the Factory or Establishment and postal address \_\_\_\_\_  
 (b) Industry \_\_\_\_\_  
 2 Number of days worked during the year \_\_\_\_\_  
 3 (a) Number of mandays worked during the year \_\_\_\_\_

|                |   |
|----------------|---|
| —<br>than      | Persons earning less<br>Rs 10.000 Per Month |
| Adults .. ..   | ..  |
| Children .. .. | ..  |
| _____          | Total                                       |

\*\* (b) Average Daily number of Persons Employed During the year

|                |  |
|----------------|--|
| —              | Persons earning less than<br>Rs 10.000 Per Month |
| Adults .. ..   | ..   |
| Children .. .. | ..   |
| _____          | Total  |

© Gross Amount as Remuneration the persons getting less than Rs-6500 per month including deductions under section 7 (2) ..... of which the Amount due to Profit Sharing bonus is ..... and that due to money Value of Concessions \*\*\*is.....

4, Total wages Paid Including deductions under section 7(2) on the following accounts

|       |  |
|-------|--|
| _____ | Persons earning less than<br>Rs 10.000 Per Month |
|-------|--|

- (a) Basic wage including overtime wages and non profit sharing bonus  
 (b) Dearness and other allowances in cash.  
 (c) Arrears of pay in respect of previous year paid during the year.

-----

Total

5, Deductions - Number of cases and amount Realised

Persons earning less than Rs 10.000 Per Month

| Amount<br>(Rs)                            | Number of cases |          |
|---|-----------------|----------|
|   |                 | Realised |
| (a) Fines .                               | -----           | -----    |
| (b) Deductions for damage or loss ..      |                 |          |
| (c) Deductions for Breach of contract. .. |                 |          |
|   | -----<br>Total  |          |

6, Fines Fund.

(i) Balance of Fines fund in hand at the Beginning of the year  
Rs.....

(ii) Disbursement from fines fund.:-

| Purpose | Amount<br>(Rs) |
|---------|----------------|
| (a)     |                |
| (b)     |                |
| (c)     |                |
| (d)     |                |
|         | -----<br>Total |

(iii) Balance of fines funds in hand at the end of the year Rs.....

Signature.....

Dated.....

Designation.....

• This is the aggregate Number of Attendances During the year

\*\* Please see foot -note at page-3

\*\*\* The Money value of concessions Should be obtained by taking the difference of the price paid by the Employ e and the actual price paid by the employees for supplies of essential Commodities Given free or at concessionea rates

NOTE-- THIS RETURN SHOULD BE SENT TO THE PRESERIBED ATHORITY BY 15<sup>TH</sup> FEBREVERY OF SUCCEEDING YEAR