

FORM XXIV
(See rule 82(1)
Return to be sent by the Contractor to the Licensing Officer

Half year ending-----

1. Name and address of the contractor :
2. Name and address of establishment:
3. Name and address of the Principal Employer :
4. Duration of contract from-----to----- :
5. No. of days during the half year on which---
 - (a) The establishment of the principal employer had worked :
 - (b) the contractors' establishment had worked :
6. Maximum number of contract labour employed on any day during the half year :

Men	Women	Children	Total
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7. (I) Daily hours of work and spread over-- :
 - (ii)(a) Whether weekly holiday observed and on what day :
 - (b) If so, whether it was paid for :
 - (iii) No. of man lhours of over-time worked :
8. Number of mandays worked by :

Men	Women	Children	Total
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9. Amount of wages paid

Men	Women	Children	Total
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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) Creches
- (v) First Aid

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

Plade-----

Date-----

Signature of Contract