**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 contractor………………..

2. Name and address of establishment………………

3. Name and address of principal employer……………….

4. Duration of contract: From……………to……………

5. Number of days during the half-year on which-

(a) The establishment of the principal employer had 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 spread- over…………….

(ii) (a) Whether weekly holidays observed and on what day………

(b) If, so, whether it was paid for……………

(iii) Number of man-hours of overtime worked………………

8. Number of man-days worked by:

Men………….. Women…………….. Children …………Total………….

9. Amount of wages paid-

Men……………. Women …………..Children …………..Total………….

10. Amount of deduction 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)

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Signature of Contractor.

Place…………

Date……………….