**Form XXIII**

**[See Rule 45 (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 the establishment:

3. Name and address of the 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 interstate migrant workmen 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 holiday observed and on what day

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

(iii) Number of manhours of overtime worked:

8. Number of mandays worked by:

 Men Women Children Total

9. Amount of wages paid:

 Men Women Children Total

**NOTE:** Wages shall not include wages for periods of outward and return journeys.

10. Amount of deduction from wages if any:

 Men Women Children Total

11. Amount of displacement allowance paid:

 Men Women Children Total

12. Amount of outward journey allowance paid:

 Men Women Children Total

13. Amount of wages for outward journeys period paid

14. Amount of return journeys allowance paid-:

 Men Women Children Total

15. Amount of wages for return journeys period paid

 Men Women Children Total

 Men Women Children Total

 16. Whether the following have been provided

(i) Residential accommodation;

(ii) Protective clothing;

(iii) Canteen;

(iv) Rest room;

(v) Latrine and urinals;

(vi) Drinking water;

(vii) Creche

(viii) Medical Facilities;

(ix) First aid.

(If the answer is ‘Yes’, state briefly nature/standards provided).

Place:

Date: Signature of Contractor