

THE PAYMENT OF WAGES, ACT 1936
ANNEXURE 4.1
FORM IV – ANNUAL RETURNS
WAGES AND DEDUCTIONS FROM WAGES

Return for the year ending 31st December

1. a) Name of factory/establishment & Postal address : _____

b) Industry : _____

2. Number of days worked during the year : _____

3. a) Number of man days worked during the year : _____

b) Average daily number of persons employed during the year :

Adults : _____

Children : _____

Total : _____

c) Gross amount paid as remuneration to persons getting less than `10,000/- per month including deductions under Section 7(2) _____
which the amount due to profit sharing bonus is _____ and that due to money value of concession is _____.

4. Total wages paid including deductions under Section 7(2) on the following accounts :-

Person earning less than `10,000/- per month. : _____

a) Basic wage including overtime wages and Non profit sharing box : _____

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 :

Person earning less than `10,000/- per month. : _____

	Number of cases	Amount realised (`)
a) Fines	_____	_____
b) Deductions for damage or loss	_____	_____
c) Deduction for breach of contract	_____	_____
Total	_____	_____

6. Fines fund

i) Balance of fines fund in hand at the beginning of the year : _____

ii) Disbursement from fines fund : _____

Purpose	Amount
a) _____	: _____
b) _____	: _____
c) _____	: _____
d) _____	: _____
Total	: _____
iii) Balance of fines fund in hand at the end of the year	: _____

Signature : _____

Designation : _____

Dated : _____

-
- * This is the aggregate number of attendances during the year.
 - ** The average daily number of persons employed during the year is obtained by dividing the aggregate number of attendances during the year by the number of working days.
 - *** The money value of concessions should be obtained by taking the difference of the price paid by the employer and the actual price paid by the employees for supplies of essential commodities given free or at concessional rates.

Note : This return should be sent to the prescribed authority by 15th February of succeeding year.

Prescribed under Rule 121 (a) ANNUAL RETURNS

For the year ending 31st December_____

1. Registration number of factory : _____
2. Name of factory : _____
3. Name of occupier : _____
4. Name of the Manager : _____
5. District : _____
6. Full postal address of factory : _____

7. Nature of Industry : _____

Number of workers and particular of employment

8. Number of days worked during the year : _____
9. Number of man-days worked during the year: _____
 i) Men : _____
 ii) Women : _____
 iii) Children : _____

10. Average number of workers employed daily (see explanatory note):
 A. Adults : i) Men : _____
 ii) Women : _____
 B. Adolescent i) Male : _____
 ii) Female : _____
 C. Children i) Male : _____
 ii) Female : _____

11. Total number of man-hours worked including overtime i) Men : _____
 ii) Women : _____
 iii) Children : _____

12. Average number of hours worked per week (see explanatory note :
 i) Men : _____
 ii) Women : _____
 iii) Children : _____

- 13.a) Does the factory carry out and process of operation declared as dangerous under Section 87 (see rule 116) : _____

b) If so, give the following information

.....
 Name of dangerous processes or operation carried on _____ Average number of person employed daily in each of the process or operations given in col.1 _____

1

2

i.

ii.

iii.

14. Number of workers employed during the year i) Men : _____

ii) Women : _____

iii) Children : _____

15. Number of workers who were entitled to annual leave with wages during the year :

i) Men : _____

ii) Women : _____

iii) Children : _____

16. Number of workers who were granted leave during the year :

i) Men : _____

ii) Women : _____

iii) Children : _____

17. a) Number of worker discharged or dismissed

from the service or whose services were

terminated during the year

: _____

b) Number of such workers paid wages in lieu of leave : _____

Safety Officers

18. a) Number of Safety Officers required to be appointed as per notification under Section 40-B : _____

b) Number of Safety Officers appointed : _____

Ambulance Room

19. Is there an Ambulance Room provided in the factory as required under Section 45 ? : _____

Canteen

20.a) Is there a Canteen provided in the factory as required under Section 46? : _____

b) Is the Canteen provided/Managed : i) Departmentally, or : _____

ii) Through a contractor : _____

Shelters or Rest Rooms and Lunch Rooms

21. a) Are there adequate and suitable shelters or rest rooms provided in the factory as required under Section 47 ? : _____

b) Are there adequate and suitable lunch rooms provided in the factory as required under Section 47? : _____

Creches

22. Is there a crèche provided in the factory as required under Section 48 ? : _____
- 23.a) Number of Welfare Officers to be appointed as required under Section 49? : _____
- b) Number of Welfare Officers appointed : _____

Accident

- 24.A) Total number of accidents (see explanatory notes) i) Fatal _____
ii) Non Fatal _____
- B) Accidents in which workers returns to works during the year to which the return relates. _____
- i) Accidents (worker injured) occurring during the year : _____
in which injured workers return to work during the same year.
- a) Number of accidents : _____
- b) Man days lost due to accidents : _____
- C) Accidents (worker injured) occurring in the previous year in which injured workers returned to work during the year to which this return relates : _____
- i) Number of accidents : _____
- ii) Man-days lost due to accident : _____

Signature of Manager _____
Date _____

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This return should be sent to the prescribed STATE authority by 15th January of the succeeding year.

Explanatory Notes

1. *The average number of workers employed daily should be calculated by dividing the Aggregate number of attendance or working days, i.e. man-days worked by the number of working days in a year. In reckoning attendance, attendance by temporary as well as permanent employees should be counted and all employees should be included whether they are employed directly or under contractors. Attendance on separate shift night and day shifts should be counted separately. Days on which the factory was closed for whatever causes and days on which manufacturing processes were not carried on should not be treated as working days. Partial attendance for less than half a shift on working days should be ignored. While attendance for half shift or more on such day should be treated as full attendance.*
2. *For seasonal factories, the average number of workers employed during the working season and off-season should be given separately. Similarly, the number of days worked during the working an off-season should be given separately.*
3. *The average number of hours worked per week mean the total hour worked by all worker during the year excluding the rest and intervals but including overtime worked divided by the product of total number of workers employed in the factory during the year and 52. In case the factory has not worked for the whole year, the number of weeks during which the factory worked should be used in place of 52.*
4. *every persons killed or injured should be treated as one separate accident. If in one occurrence six persons were injured or killed, it should be counted as six accidents.*
5. *The number of accidents which took place during the year should be given. In case non-fatal accidents only those accidents which prevented workers from working for 48 hours or more should be indicated.*

MATERNITY BENEFIT ACT
ANNEXURE 8.0

(Form L)
(See Rule 16)

Annual Return for the year ending the 31st December _____

1. Name of the establishment : _____
2. Address of the establishment, P.O. District : _____
: _____
: _____
3. Date of opening of the establishment : _____
4. Date of closing, if closed : _____
5. Postal address of the establishment : _____
: _____
: _____
6. Names of employers, Postal address of employers : _____
7. Name of Managing agent, if any, postal address of Managing agent : _____
8. Name of agent or representative of employers, postal address of representative of employer : _____
9. Name of Manager, Postal address of Manager : _____
: _____
: _____
10. a) Name of medical officer, if any attached to the establishment : _____
b) Qualification of Medical officer attached to the establishment : _____
c) Is he resident at the establishment ? : _____
d) If a part-time employee, how often does he pay visit to the establishment ? : _____
11. a) Is there any hospital attached to the establishment ? : _____
b) If so, how many beds are provided for women employees? : _____
c) Is there a lady doctor ? : _____
d) Is so, what are her qualifications ? : _____
e) Is there a qualified midwife ? : _____
f) Has any crèche been provided ? : _____

Form M

(See Rule 16)

Employment, dismissal, payment of Bonus, etc for Women for the year ending on 31st December _____

1. Establishment : _____
2. Aggregate number of women permanently or
Temporarily employed during the year : _____
3. Number of women who worked for a period of not
Less than one hundred and sixty days in the twelve
Months immediately preceding the date of delivery. : _____
4. Number of women who have notice under Section 6 : _____
5. Number of women who were granted permission
to be absent on receipt of notice of confinement. : _____
6. Number of claims for maternity benefit paid : _____
7. Number of claims for maternity benefit rejected : _____
8. Number of cases where pre-natal, confinement and
post -natal care was provided by the management
free of charge (section 8) : _____
9. Number of claims for medical bonus paid (sec 8) : _____
10. Number of claims for medical bonus rejected : _____
11. Number of cases in which leave for miscarriage
was granted : _____
12. Number of case in which leave for miscarriage
was applied for but was rejected. : _____
13. Number of cases in which additional leave for illness :
under Section 10 was granted. : _____
14. Number of case in which additional leave for illness :
under Section. 10 was applied for but was rejected. : _____
15. Number of women who died : _____
 - a) Before delivery : _____
 - b) After delivery : _____
16. Number of cases in which payment was made to
persons other than the women concerned. : _____
17. Number of women discharged or dismissed
while working : _____
18. Number of women deprived of maternity benefit
and or medical bonus under provision to
Sub-Sec (2) of Sec.12. : _____
19. Number of cases in which payment was made on
order of the Competent Authority/Inspector : _____
20. Remarks : _____
21. Full particulars of each case and reasons for the
action taken under serials 7,10,12,14,17 & 18
should be given in the Appendix below. : _____

Form N
(See Rule 16)

Details of payment made during the year ending 31st December _____ Establishment

Name of person whom paid	Amount paid (J)
1. Date of payment	: _____
2. Woman employee	: _____
3. Nominee of the woman	: _____
4. Legal representative of the woman	: _____
5. Amount for the period preceding date of expected delivery	: _____
6. Amount for the subsequent period	: _____
7. Under Section 8	: _____
8. Under Section 9	: _____
9. Under Section 10	: _____
10. Number of women workers who absconded after receiving the first instalment of maternity benefit.	: _____
11. Cases where claims were contended in a court of law	: _____
12. Result of such cases	: _____
13. Remarks	: _____

***Forms 'L' 'M' & 'N' must reach the prescribed authority by 21st January every year.