



Price: ` 1

Annual Returns Application Form

Request Details: -

Factory Registration Number*: _____

Factory Details: -

Year of Submission of Annual Returns*: _____

Applicant Details: -

Aadhaar Card No: _____ Name of the occupier*: _____

Father Name*: _____ Door No* _____

Locality*: _____ State*: _____

District*: _____ Mandal*: _____ Village*: _____

Mobile No*: _____

Service Specific Details: -

Name of the Occupier*: _____ Address of the Occupier*: _____

Name of the Manager*: _____ Address of the Manager*: _____

Is ESI Employer's Code Available * Yes No If yes ESI Employer's Code. *: _____

Is SSI Registration No Available *: Yes No If yes SSI Registration No. *: _____

Nature of the Industry and the Products manufactured or Services provided*:

Large Medium Small

Total Number of Days worked in the Year*: _____ PAN NO. _____

Workers Number of working Details :-

(a) Average number of Persons employed *:

Adult Men:

1) Regular: _____ 2) Contract: _____ 3) Casual: _____

Adult Women:

1) Regular: _____ 2) Contract: _____ 3) Casual: _____

Adolescents Children without Certificate of Fitness:

1) Regular: _____ 2) Contract: _____ 3) Casual: _____

Total Number of days worked in the year:- _____

(b) Number of Man - Days Worked *:

Adult Men: _____ Adult Women : _____

Adolescents Children without Certificate of Fitness: _____

(c) Total Man Hours worked on over time*:

Adult Men: _____ Adult Women : _____

Adolescents Children without Certificate of Fitness: _____

(d) Total amount of OT Wages Paid*:

Adult Men: _____ Adult Women : _____

Adolescents Children without Certificate of Fitness: _____

Is Any Process declared dangerous u/s 87 carried on? If so, Please Mention average no. of workers employed in each process: _____



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Salaries Details :

Total Salaries and wages Paid*: _____ Total amount of Bonus Paid*: _____

Rate of Percentage of Bonus Paid*: _____ Total Amount of welfare Fund Contributed*: _____

Facilities Provided / established as required by the factories Act:

Cooled Drinking Water U/s 18*: Yes No Safety Officers U/s 45*: Yes No

Ambulance Room U/s 45*: Yes No Canteen U/s 48*: Yes No

Full Time / Part time / Retainer basis Medical Officer*: Yes No

Shelter / Rest or Lunch Room U/s 47*: Yes No Welfare Officer U/s 49*: Yes No

Fatal / Non fatal Accidents :

Total Number of Fatal Accidents*: _____ Total Number of Non fatal Accidents*: _____

Man Days lost due to Non - fatal Accidents*: _____

Maternity / Medical Benefits :

No of Cases Maternity Benefits claimed*: _____ No of Cases Maternity Benefits paid*: _____

No of cases Medical bonus claimed *: _____ No of cases Medical bonus paid*: _____

No. of cases leave for miscarriage applied *: _____ No. of cases leave for miscarriage granted*: _____

No. of Cases additional leave for illness applied *: _____

No. of Cases additional leave for illness granted*: _____

Total Amount of Maternity Benefits paid*: _____

Annual Leave details:

No. of workers who were entitled to annual leave with the wages during the year*: _____

No. of workers who were allowed to annual leave with the wages during the year*: _____

Total amount paid towards annual leave with wages encashment*: _____

Authorized Person Details:-

Authorized Name*: _____ Relation*: _____

Email Id: _____ Delivery Type*: Manual Local Non-Local

Mobile NO*: _____ Employ Id: _____

Designation: _____

Document List:-

Application Form*:

Pan Card of organization/Aadhar Card of the occupier

Applicant's Signature