

FORM - Q

(See rule 27)

ANNUAL RETURN

(For the calendar year ending as 31<sup>st</sup> December .....)

To,  
The Inspector,  
Office address.

1. Name of the Establishment :-
2. Name of the Owner / Partner / Occupier :-  
/Director / Authorized Person
3. Name of the Manager :-
4. Total number of Workers :- Men Women  
Managerial Staff  
Workers  
Contract Labour  
Causal  
Part Time  
Others  
Total
5. Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent? :- Yes No
6. Nature of Business :-
7. Registration number  
Date of Validity of the Registration Certificate
8. Number of shift if applicable :- 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>  
Average number of persons engaged shift wise

9	Whether notice of shift is displayed and copy sent to the Inspector?	Yes	No.	
10	Number of women workers engaged during the year (if applicable)			
	Number of women workers engaged in night shift			
11	Whether consent letter from women workers working in night shift is obtained? (if applicable)	Yes	No.	
12	Whether notice showing the weekly holiday of each worker is displayed?	Yes	No.	
13	Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressed) Act, 2013 (14 of 2013) is constituted ? (if applicable)	Yes	No.	N.A.
	Name of the Chairman of the Committee			
14	Whether police verification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable)	Yes	No.	
15	Identity card issued to all workers?	Yes	No.	
16	Is leave book maintained?	Yes	No.	
17	Whether Committee for Health, Safety and Welfare is constituted ? (if applicable)	Yes	No.	N.A.

18 Whether all safety measures as per the directions of fire protection department / local authority are observed?	Yes	No.	
19 Whether First aid box is maintained?			
20 Whether the following welfare facilities are provided (wherever applicable)			
a. (a) sufficient number of			
b. latrines and urinals			
c. (b) Crèche	Yes	No.	
(c) Canteen			
	Yes	No.	N.A.
	Yes	No.	N.A.
21 Whether all the records and registers are maintained and required notices are displayed.	Yes	No.	
22 Any application for compounding of an offence is made during the year ?			
if yes,			
Date of application			
Date of disposal			
Amount of fees deposited			
23 Number of accident occurred in the			

establishment during the year Number  
of workers injured Amount of  
compensation paid

24 Is the name board displayed in  
Gujarati.

Yes

No.

### Declaration

I /we Mr./Mrs.----- hereby

solemnly affirm that all the information mentioned in the annual return are true  
and correct. I /we am/are aware that if any information submitted by me turns out  
to be false or not true or incorrect. I shall be liable for legal action under the  
concerned Law.

Date :

Place :

Signature of Employer.