

**FORM No. 21**  
**(See Rule 107)**  
**Annual Return under the Factories Act 1948**  
**For this year ending on the 31<sup>st</sup> day of December, \_\_\_\_\_**

- 1. Registration No. of Factory**
- 2. Name of Factory**
- 3. Location of the Factory with Address**
- 4. Postal Address of Factory**
- 5. (a) Name of Occupier**  
**(b) Telephone Number, if any**
- 6. (a) Name of Manager**  
**(b) Telephone Number, if any**
- 7. (a) Nature of Industry**  
**(b) Nature of Major Manufacturing Process**  
**(Mention exactly manufactured)**  
**(c) Total Investment Made**
- 8. Code Number**
- 9. Whether the Factory is in**  
**(a) Public Sector or**  
**(b) Private Sector**  
**(c) Joint Sector or iver Sector**  
**(d) Co- Operative Sector**

**(Strike out which is not applicable)**

**Numbers of workers and particulars of Employment**

- 10. Is the Factory seasonal?**
- 11. No. of days worked in a year**
- 12. (i) Total attendance**  
**(Man-days worked during the Year)**

**(a) Men                      (b) Women                      (c) Children**

**(ii) Number of workers attendance, days worked and wages paid**

<b>Month</b>	<b>Number of Workers</b>	<b>Total Attendance</b>	<b>Number of Days Worked</b>	<b>Total Amount of Wages Paid</b>
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- | Name of the dangerous process or Operations carried on | Average No. of persons employed daily in each of the processes or Operation given in Column 1 |
|--|---|
| 1  | 2   |
|  |   |

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

Men	Women	Children
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19. Number of workers who were granted Leave during the year

Men	Women	Children
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20. (a) Number of workers who were discharged or dismissed from the service or quit employment or were superannuated or died, while in service during the year;

(b) Number of such workers in respect of whom wages in lieu of leave were paid

#### **SAFETY OFFICE**

(Only for factories employing one thousand or more workers)

21. (a) Number of Safety Officers required to be appointed as per notification under Section 40-B of this Act  
(b) Number of Safety Officers appointed

#### **AMBULANCE ROOMS**

(Only for factories employing five hundred or more workers)

22. Is there an ambulance room provided in the factory as required under Section 45 of this Act read with Rule 102 schedule XI, paragraph 53.

#### **CANTEEN**

(Only for factories employing two hundred and fifty or more workers)

23. (a) Is there a canteen provided in the factory as required under Section 46 of this Act?  
(b) Is the canteen provided managed?  
(i) Departmentally, or  
(ii) Through a contractor?

## **SHELTERS OR REST ROOMS AND LUNCH ROOMS**

**(Only for factories employing one hundred and fifty or more workers)**

- 24. (a) Are there adequate and suitable Shelters or Rest rooms provided in the factory?**  
**(b) Average daily number of children using crèche**
- 25. (a) Number of Welfare Officers appointed**  
**(b) Have the names of welfare Officers been notified to the Chief Inspector of Factories, U.T. , Chandigarh?**

## **ACCIDENTS**

- 26. (a) Total number of accidents (See explanatory note)**
- |                  |                       |
|------------------|-----------------------|
| <b>(i) Fatal</b> | <b>(ii) Non-Fatal</b> |
|------------------|-----------------------|
- (b) Accidents in which injured workers returned to work during the same year;**  
**(i) Numbers of accidents.**
- (ii) Man- days lost due to accidents**
- (c) Accidents (workers injured) occurring the year in which injured workers did not return to work during the year to which the return details:-**  
**(i) Numbers of accidents.**
- (ii) Man- days lost due to accidents**
- (d) Attach Form no. 18 in case of those accidents, intimation of which has not been sent to the Chief Inspector of Factories at the time of the Accidents.**

**Certified that the information furnished above is correct to the best of my knowledge and belief.**

**Signature of the Manager**  
**Date**

**FORM D**

**Annual Return showing Payment of Maternity Benefit during the year ending on the 31<sup>st</sup> December.**

- 1. Name of the Factory and full postal address \_\_\_\_\_**
- 2. Name of Occupier \_\_\_\_\_**
- 3. Name of Manager \_\_\_\_\_**
- 4. Average number of women workers employed daily \_\_\_\_\_**
- 5. Number of women who claimed maternity benefit for actual births \_\_\_\_\_**
- 6. Number of claims accepted and paid either fully or partially \_\_\_\_\_**
- 7. Number of other persons who were paid maternity benefit \_\_\_\_\_**
- 8. Total amount of maternity paid \_\_\_\_\_**  
**(Including bonus paid)**
- 9. Amount of Bonus included under column 8 \_\_\_\_\_**
- 10. No. of claims accepted and paid either fully or partially \_\_\_\_\_**
- 11. No. of case in which women enjoyed full maternity leave prior to confinement \_\_\_\_\_**
- 12. Total amount of special bonus paid and no. of cases \_\_\_\_\_**

**Dated**

**Signature of Employees**

**Annual Return under the Minimum Wages Act, 1948 for the year ending on 31<sup>st</sup>  
December, 20\_\_\_\_\_.**

**1. (a) Name of the employer/factory and postal address**

\_\_\_\_\_  
\_\_\_\_\_

**(b) Nature of Industry and Code No.**\_\_\_\_\_

**2. Average number of persons employed—**

**Adults** \_\_\_\_\_

**Children**\_\_\_\_\_

**3. No. of days worked during the year** \_\_\_\_\_

**4. No. of man-days worked during the year (Total Attendances)**

**Adults** \_\_\_\_\_

**Children**\_\_\_\_\_

**5. Total wages-**

**Paid in cash**\_\_\_\_\_

**Cash value of wages paid in kind**\_\_\_\_\_

**6. Total unclaimed amount including wages, bonus, fines/deductions etc.**

**7. Balance of fine fund at the beginning of the year**\_\_\_\_\_

**8. Deductions made on account of** \_\_\_\_\_

Fine		Damage or Loss		Breach of Contract		Total	
Number of cases	Amount	Number of cases	Amount	Number of cases	Amount	Number of cases	Amount
	Rs.		Rs.		Rs.		Rs.

**9. Disbursement from funds:-**

Amount  
**Rs.     P.**

**Purposes-**

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_

**10. Balance of fine fund at the end of the year**\_\_\_\_\_

**Signature of Employer/Officer/Manager.**

**Date**\_\_\_\_\_

**Designation**\_\_\_\_\_