



# గ్రామ - వార్డు సచివాలయము

## ఆంధ్రప్రదేశ్ ప్రభుత్వం



Price: ` 1

### Annual Returns Application Form

#### Applicant Details: -

Aadhaar Card No: \_\_\_\_\_ Applicant Name\*: \_\_\_\_\_  
 Father Name\*: \_\_\_\_\_ Door No\* \_\_\_\_\_  
 Locality\*: \_\_\_\_\_ State \*: \_\_\_\_\_  
 District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_  
 Village \*: \_\_\_\_\_ Mobile No\*: \_\_\_\_\_

#### Service Specific Details: -

Factory Registration Number\*: \_\_\_\_\_ Name of the Factory / Establishment\*: \_\_\_\_\_  
 Door Number \*: \_\_\_\_\_ Location\*: \_\_\_\_\_ District\*: \_\_\_\_\_  
 Mandal\*: \_\_\_\_\_ Village\*: \_\_\_\_\_ Pan Number: \_\_\_\_\_  
 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 SSI Registration No. \*: \_\_\_\_\_  
 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  Micro  Small  
 Total Number of Days worked in the Year\*: \_\_\_\_\_

#### Workers Number of working Details :-

( a ) Number of Man - Days Worked \*:

Adult Men: \_\_\_\_\_ Adult Women : \_\_\_\_\_

Adolescents Children without Certificate of Fitness: \_\_\_\_\_

( b ) 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: \_\_\_\_\_

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

1) Regular: \_\_\_\_\_ 2) Contract: \_\_\_\_\_ 3) Casual: \_\_\_\_\_

( d ) Total amount of OT Wages Paid\*:

1) Regular: \_\_\_\_\_ 2) Contract: \_\_\_\_\_ 3) Casual: \_\_\_\_\_

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

**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\*: \_\_\_\_\_

**Document List:-**

- Application Form\*
- Department Application Form (Form 2) \*
- Drawing \*
- Process Design \*
- Scale \*
- Pan Card of organization/Aadhar Card of the occupier

**Applicant's Signature**