



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



Combined Annual return under Labour Acts for the year ending 31st March 2016

Applicant Details

Service Type: New Old **Aadhar No:** _____

Employer Details:

Employer Name: * _____

Father/ Husband Name: * _____

Designation: * Proprietor Managing Partner Managing Director Executive Director
 Director Vice President CEO

State: _____ District: _____ Mandal: _____

Village: _____ PIN Code: _____ Mobile No: _____

Email Id: _____

Establishment Details:

Establishment Name: * _____

Classification of Establishments: * Proprietor Firm Partnership Firm Private Ltd Company
 Public Sector under taking Govt Department Local Body

Date of Commencement of Business/work/Service: * _____

Establishment Category * Shop Establishment Commercial Establishment Motor Transport undertaking Factory Contract Labor(Principal employer) Establishment Interstate migrant workmen (Principal Employer) Establishment Beedi & Cigar Establishment Contract Establishment (Contractor Establishment) Others

Registration/ License No. (LIN): _____ TAN No (Income Tax): _____

EPFO No: _____ ESIC No: _____ CST No: _____

Service Tax No: _____ D and O (Trade License No): _____

PAN No: _____

Establishment Address Details:

Door No: _____ Locality / Street *: _____

District*: _____ Mandal*: _____

Village / Ward *: _____ State*: _____ Pin Code: _____

Mobile No*: _____ Email Id *: _____

Workers Details:

No. of workers allowed to work overtime in the year: _____ No. of overtime hours: _____

Amount of overtime wages paid in the year: _____ No. of Workers Covered under EPF: _____

No. of Workers Covered Under ESI: _____

Whether muster roll, wages register etc. maintained:* Yes No

Whether appointment letters/ Identity Cards issued:* Yes No

Details of Weekly off & other holidays allowed:

No. of (National, Festival & other holidays) allowed: _____ No of workers worked on Holidays: _____

Amount of extra wages paid for workers: _____ No. of Compensatory holidays allowed: _____

Leave Eligibility Details:

No of Earned Leaves Allowed (P.A): _____ No of Sick Leaves allowed (P.A): _____

No of Casual leaves Allowed (P.A): _____

Details of payment of Gratuity:

No of workers covered under gratuity Act:* _____

Details of payment of Bonus:

No of Workers covered (including branches):* _____

Details of Employees Compensation Paid:

Whether any accidents occurred:* Yes No (If **Yes** Fill the following details)

No of accidents resulting in death/ disability:* _____ No of workers covered:* _____

Amount of compensation paid:* _____ Accident Type:* Fatal (Death) Non Fatal (Injury)

Details of payment of Maternity Benefit:

No. of women workers covered under Maternity benefit:* _____ Amount of maternity Benefit paid* _____

Details of Welfare fund Contribution:

No. of workers covered:* _____ Total Welfare fund Contributed (In Rs):* _____

Details of Settlements/ Strikes/ Lock-outs/ Lay-Offs/ Retrenchments/ Closures etc:

Whether any Settlement/ Strike/ Lock-out etc...Occurred: Yes No (If **No** Fill the following details)

Whether Workers Committee Constituted:* Yes No

Details of contractors under Contract labor Act/ Inter State Migrant Workmen Act:

Act* Contract labor (R&A) Act Interstate migrant workmen (RE&CS) Act

S.No.	Contractor Establishment Name	Name of Contractor	License No.	Details of contract work	No. of contract workers	Duration of Contractor From	Duration of Contractor To	Action

Details of Building or other Construction Work: * Yes No (If **Yes** fill the following Details)

Type of Establishment: * Public Private

Nature of Construction Work: * Construction Alteration Repairs Demolition Maintenance

Category: * _____ Details of nature of other Business: * _____

Date of Commencement of Construction: * _____ Probable Date of Completion: * _____

Estimated Cost of Construction: * _____ Constructed Area (Plinth Area in Sq. Mtrs): * _____

Basis for Estimation: * As per market rate As per work order Project Report

Plan Approval Number: * _____ Date of approval of Plan: * _____

Total male workers: * _____ Total Female Workers: * _____ Total Workers: * _____

Details of person authorized to file return:

Name*: _____ Designation*: _____

Mobile No*: _____

Documents List:

(NOTE: 1.Total size of Upload Document should not exceed 3 MB.2. All Upload Documents should be in PDF Format Only)

1. Application Form

DECLARATION

I / we hereby declare that I / we have complied with all relevant provisions of the Labour Acts applicable to the establishment. In case the information furnished above is found to be false, misrepresented or suppressed any material information or evaded to furnish the information, I/ we are liable for prosecution as per law besides cancellation of the registration / license granted.

Applicant's Signature