

12

122

51

संख्या- 1288 /36-03-2014

प्रेषक,

कृपया (प्रवर्तन)

धीरेन्द्र प्रताप सिंह
संयुक्त सचिव
30प्र0 शासन ।

[Signature]

सेवा में,

9/9/14

✓ श्रम आयुक्त,
30 प्र0 कानपुर ।

श्रीराम सिंह

उप श्रम आयुक्त, अंतर्भाग- 3

लखनऊ ::

दिनांक ०४ सितम्बर, 2014

उप श्रम (प्रवर्तन)

विषय- अवस्थापना एवं औद्योगिक निवेश नीति-2012 के क्रियान्वयन हेतु औद्योगिक इकाईयों द्वारा विभिन्न अधिनियमों के अंतर्गत रखे जाने वाले अभिलेखों व भरे जाने वाले रिटर्न का अध्ययन कर उन्हें यथा समय युक्तिसंगत व एकजाई करते हुए न्यूनतम संख्या में लाए जाने के संबंध में ।

[Signature]

राकेश कुमार

महोदया,

उपर्युक्त विषयक अपने पत्र संख्या-2366/प्रवर्तन-2014 दिनांक 28.08.2014 का कृपया संदर्भ ग्रहण करें, जिसके द्वारा औद्योगिक निवेश नीति-2012 के संबंध में शासनादेश दिनांक 31.10.2012 के विन्दु संख्या-02 व 03 के संबंध में प्रस्ताव प्रेषित किया गया है।

2- इस संबंध में मुझे यह अवगत कराने का निदेश हुआ है कि आपके द्वारा प्रेषित प्रस्ताव (प्रोफार्मा) पर सहमति प्रदान की गयी । कृपया अवगत होते हुए प्रकरण में तदनुसार आवश्यक कार्यवाही करने का कष्ट करें।

587

A.O (प्रवर्तन)

9.9.14
कल्पना श्रीवास्तव
उप श्रम आयुक्त, 30प्र0

भवदीय,

[Signature]


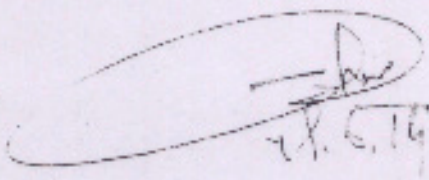
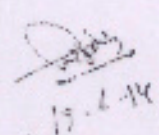
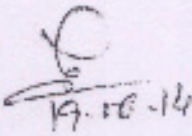
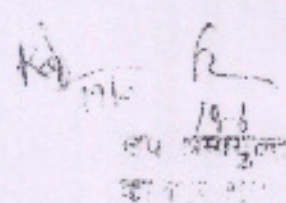
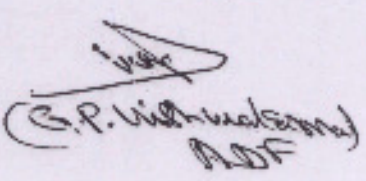
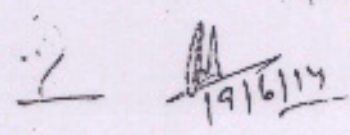
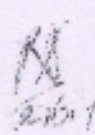
(धीरेन्द्र प्रताप सिंह)
संयुक्त सचिव ।

श्री राकेश कुमार
23/9/14
10/9/14

12/sep-14

100
10.9.14

- 1- The Payment of Wages Act, 1936
- 2- The Minimum Wages Act, 1948
- 3- The Factories Act, 1948
- 4- The Working Journalists and other Newspaper Employees (Conditions of Service) and Miscellaneous Provisions Act, 1955
- 5- The Motor Transport Workers Act, 1961
- 6- The Payment of Bonus Act, 1965
- 7- The Beedi and Cigar Workers (Conditions of Employment) Act, 1966
- 8- The Contract Labour (Regulation and Abolition) Act, 1970
- 9- The Sales Promotion Employees (Conditions of Service) Act, 1976
- 10- The Equal Remuneration Act, 1976
- 11- The Inter-State Migrant workmen (Regulation of Employment and Conditions of Service) Act, 1979
- 12- The Child Labour (Prohibition and Regulation) Act 1986
- 13- The Building and other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996
- 14- The Maternity Benefit Act, 1961
- 15- The Payment of Gratuity Act, 1972
- 16- The Employees Compensation Act, 1923
- 17- Industrial Employment (Standing Orders) Act, 1946
- 18- Industrial Establishment (National Holidays) Act, 1961
- 19- Uttar Pradesh Labour Welfare Fund Act, 1955
- 20- Uttar Pradesh Dookan aur Vanijya Adhithan Adhiniyam] 1962

**ANNUAL RETURN
FORM-I**

44

(Ending 31st of December -----)

1 Name of Establishment, its postal address, telephone no. fax no, e-mail address and location with address of registered/head office, if any-----

2. Name and postal address of the employer/occupier-----

3. Name and address of contractor if engaged with number of contract employees-----

4. Name of the manager responsible for supervision and control-----

(a) Name of business, industry, trade or occupation carried on by the employer-----

(b) Date of commencement of business, industry, trade or occupation-----

5. Employers name under ESI/EPF/Welfare Fund/Pan No./Tan No. if any-----

6. Maximum number of workers employed on any day during the year to which this return relates to

Category	Highly Skilled	Skilled	Semi skilled	unskilled
Male				
Female				
Adolscent				
Total				

7. Average number of worker employed during the year

8. Total number of mandays worked during the year

9. Number of worker during the year:

(a) Retrenched:

(b) Resigned:

(c) Terminated:

10. Retrenchment compensation and terminal benefits paid (Provide information completely in respect of each worker)-----

11. Mandays lost during the year on account of -----

(a) Strike:

(b) Lockout:

(c) Fatal accidents:

(d) Non fatal accidents:

(e) Any other reason:

12. Reasons for strike or lock out:

13. Total wages paid (Wages and overtime to be shown separately)-----

14. Total amount of deductions from wages made:

P.T.O.

15. Number of accidents during the years

- 9 -

Reported to the Inspector of factories	Reported to Employees State Insurance Corporation	Reported to the Employees Compensation Commissioner	Others
Fatal			
Non Fatal			

16. Compensation paid under the Employees Compensation Act, 1923 during the year:

- (a) Fatal accidents:
- (b) Non fatal accidents

17(a). Percentage of bonus paid under the Payment of Bonus Act, 1965:

- (b) Number of employees eligible for bonus as per Act:
- (c) Number of employees who are paid bonus:
- (d) Amount payable as bonus:
- (e) Total amount of bonus actually paid and the date of payment:
- (f) Amount of set on/Set off till the accounting year:

18. Number of employees who worked on National Holidays:

- (a) Independence day (15th of August):
- (b) Gandhi Jayanti (2nd of October):
- (c) Republic Day (26th of January):

19. Amount of unpaid wages of two (2) previous accounting years:

20(a). Number of Employees who were paid Gratuity:

(b) Number of employees who were eligible but not paid Gratuity, with reasons:

21(a). Number of claims received under the Maternity Benefit Act, 1961

(b) Number of claims settled as per the provision of Maternity Benefit Act, 1961

(c) Number of claims denied with reasons:

(d) Has any crèche been provided:

22. Name of the Committee Members and the date of formation of Sexual Harassment Committee under The Sexual Harassment of Women At Work place (Prevention, Prohibition and Redressal) Act, 2013

(d) Number of complaints presented before the committee and the action taken by the committee:

Signature of the principal employer/employer
 Authorised representative of principal
 employer/employer


 A collection of handwritten signatures and dates. On the left, a large signature is circled. In the center, there are several smaller signatures, some with dates like '19-6-17' and '19/6/14'. On the right, there is a signature with the date '15/6/14' and another signature with the date '17/12'.

FORM-II
REGISTER OF PERSONS EMPLOYED-CUM-EMPLOYMENT CARD

Name of establishments, address, telephone numbers, Fax Number and e-mail address-----

Location/address of the establishments-----

Name and address of the employer/contractor-----

1. Name of the workman/employee-----

2. Name of father/husband-----

3. Address:
(a) Present-----

(b) Permanent-----

(4) Name and address of the nominee for the purpose of all Labour Acts-----

(5) Designation/Category-----

(6) Date of birth/Age-----

(7) Educational qualifications-----

(8) Date of entry/appointment-----

(9) ID no./ESI/EPF/LWF no. of the worker-----

(10) If the worker is Adolescent, Whether the age certificate is maintained-----

(11) Sex (male/female)-----

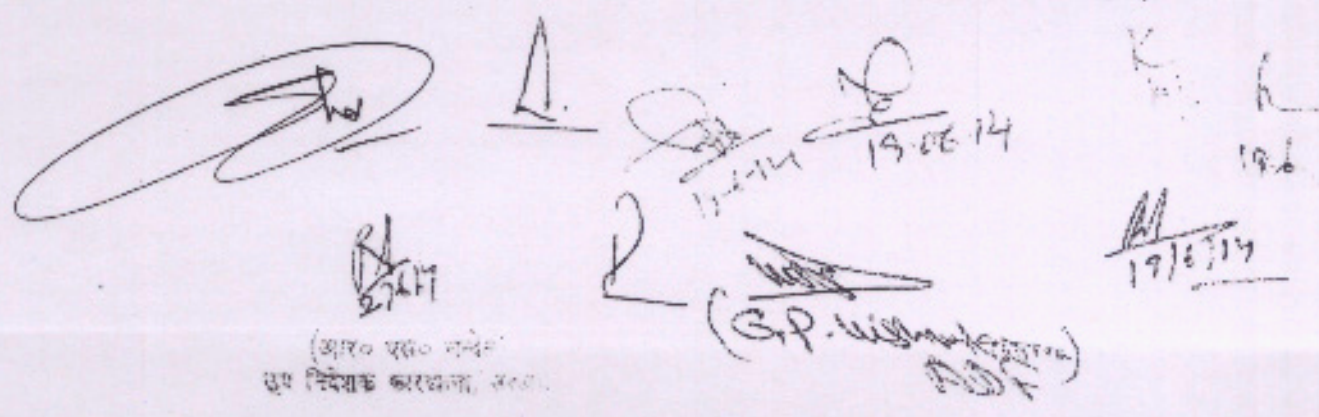
(12) Nationality-----

(13) Date of termination of employment with reason-----

(14) Signature/Thumb impression of worker/employee-----

(15) Signature of employer/authorised officer with designation-----

Signature of
Contractor/Employer/
Authorised Representative
of the Principal
Employer/Employer



Handwritten signatures and dates are present at the bottom of the form. On the left, there is a large signature. In the center, there are several smaller signatures, some with dates like '11-6-14' and '19-06-14'. On the right, there is a signature with the date '19-6' and another signature with the date '19/6/14'. Below the signatures, there is a stamp that reads '(3.P. Wignankar)' and 'AOT'.

(कार्यो पत्रो नये)
एव निदेशक कारखाना, अहमदाबाद

**FORM - III
MUSTER ROLL-CUM-WAGE REGISTER**

16

Name of establishments, address, telephone numbers, Fax Number and e-mail address _____

Location/address of the establishments _____

Name and address of the employer/contractor/occupier _____

Sl. No.	Name of the worker (ID No., if any) and name of the Father /Husband	Designation/ Category/ Nature of work performed	Attendance (dates of the month: 1 to 31)	Leave due (earn leave and other kind of admissible leave)	Leave availed (specify)	Basic wage rate/pey or piece rate/wages per unit	Other allowances e.g.(a)dearness allowance (b)House rent allowance (c) Night allowances (d)displacement allowance (e)outward journey allowance (f) other allowed
1	2	3	4	5	6	7	8
Overtime worked no. of hours in the month	Rate and amount of overtime wage	Amount of advance and purpose of advance	Total/gross earnings	Deduction e.g. (a)Provident Fund (b)Advance (c)Employees State Insurance (d)Other amount	Net amount payable (12-13)	Signature/ Receipt of wages/allowances for column no. 14	Remarks
9	10	11	12	13	14	15	16

Signature of contractor/employer _____

Certificate by the principal employer if the employer is contractor
This is to certify that the contractor has paid wages to workmen employed by him as shown in the register in my presence.

(Handwritten signatures and stamps)
 (बुद्धिमान मजदूर संघ)
 सं. दि. २०११

Signature of the principal employer/
Authorized representative of principal employer

(Large handwritten signature and other marks)