

FORM-U
COMBINED ANNUAL RETURN

[(See Rule 24(9-C)]

of Karnataka Shops and Commercial Establishment Rules, 1963) in lieu of

1. Form XXVV Rules 82(2) of Contract Labour (Regulation & Abolition) Karnataka Rules, 1974.
2. Form III Rule 22(4) Karnataka Minimum Wages Rules, 1958.
3. Form XX Rule 20(1) of Karnataka Payment of Wages Rules, 1963.
4. Form 20 Rule 16 of Karnataka Maternity Benefits Rules, 1963.

1.Name of the Establishment							
2.Full Postal Address:							
1. Establishment					Telephone		
Location					Fax		
Address					e-mail		
2. Registered office/ Head office							
Location							
Address							
3. Name & residential address of the Employer or a person responsible for Conduct & control of Business							
Name		Designation		Residential Address		Telephone	
						Office	
						Residence	
						Mobile	
						e-mail	
4. Name and Residential Address of the Manager/Authorized Signatory:							
Name		Designation		Residential Address		Telephone	
						Office	
						Residence	
						Mobil	
						e-mail	
5. Nature of business of the Establishment:							
6. A) Particulars of Employment							
	No. of persons on roll as on 1-1-200 (Year commencement date)	No. of persons on Roll as on 31-12-200 (Year end date)	No. of days establishment worked	No. of Man days worked during the year	No. of man hours worked including O.T. during the year	Total amount of salary/wages paid including O.T. wages and allowances (in Rs,	
Men							
Women							
Total							
6. B) No. of employees whose employment is ceased:							
No. of employees discharged/ dismissed/ terminated/ retrenched/ resigned/ retired during the year				Amount of compensation paid		No. of employees suspended during the year	
1				2		3	
						Amount of subsistence allowance paid	
						4	

7. Particulars of Earned Leave with Wages				
Category of employees	Total no. of persons employed	No. of employees eligible for earned leave	No. of employees availed\Granted earned leave	No. of employees paid wages/salary in lieu of earned leave.
	1	2	3	4
i) Men				
ii) Women				
8. Whether the following Welfare measures are provided?				
1. Canteen				
2. Creches				
3. Shelters, Rest rooms and Lunch rooms				
4. Transport facility				
9. Maternity Benefit :				
A) Particulars of Maternity Benefits:				
1. Total No. of women workers who worked for a period of 160 days in the last 12 months immediately preceding the date of delivery				
2. No. of women workers discharged/dismissed in the last 12 months				
3. No. of women workers for whom pre-natal confinement and post-natal confinement is provided by the employer with free of cost.				
4. No. of women workers died			a. Before delivery	b. After delivery
9-B Leave / additional leave details:				
Item	No. of women applied for leave	Leave sanctioned	Leave rejected	
Miscarriage				
Illness (additional leave under Section 10)				
9-C Maternity Benefit paid:				
Item	No. of Claims	No. of leaves sanctioned	No. of claims rejected	Total benefit paid in Rs.
Confinement				
Miscarriage				
Illness				
Medical Bonus				
10. Particulars of deductions made from salary(wages)				
	No of employees involved	Total amount of deductions made		
i) Fines				
ii) Damages/ Loss				
iii) Breach of contract				
iv) Others				
Total				

11. Contract Labour:							
Names and address of the contractors		Period of Contract		Nature of work	No. of contract workmen employed	No. of days worked	No. of mandays worked
		From	To				
				Total			

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

Date:

Place:

Signature of employer/ Manager/ Authorised Signatory
Name (IN CAPITALS)

Designation: