



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*: _____



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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