

**FORM – XXIII**  
**(See sub-rule (1) of rule 56)**

*Return to be sent by the Contractor to the Licensing Officer Half Year ending .....*

1. Name & Address of Contractor .....
2. Name & Address of establishment .....
3. Name & Address of Principal Employer .....
4. Duration of contractor; From ..... to .....
5. No. of days during the Half Year on which had worked .....
- (a) Establishment of Principal Employer had worked .....
- (b) Contractor establishment had worked.....
6. Maximum number of inter-state migrant workmen employed in any day during the half year.

	Men	Women	Children	Total
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7. (i) Daily hours of work and spread over. ....
- (ii) (a) Whether weekly holiday observed and what day. ....
- (b) If so, whether it was paid for: .....
- (iii) No. of man hours of over time worked. ....
8. Number of mandays worked by;

	Men	Women	Children	Total
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9. Amount of wages paid.

	Men	Women	Children	Total
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Note:- Wages shall not include wages for periods of outwards and return journeys.

10. Amount of deduction from wages, if any:

	Men	Women	Children	Total
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11. Amount of displacement allowance paid;

	Men	Women	Children	Total
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12. Amount of outward journey allowance paid;

	Men	Women	Children	Total
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13. Amount of wages for outward journeys period paid;

Men	Women	Children	Total
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14. Amount of return journeys allowance paid:

Men	Women	Children	Total
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15. Amount of wages for return journeys period paid:

Men	Women	Children	Total
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16. Whether the following have provided:

- i) Residential accommodation .....
- ii) Protective clothing .....
- iii) Canteen .....
- iv) Rest Room .....
- v) Latrine and Urinal .....
- vi) Drinking Water .....
- vii) Creche .....
- viii) Medical facilities .....
- ix) First Aid. ....

(if the answer is 'Yes' state briefly nature / standards provided)

Place : .....

Signature of Contractor,

Date : .....