

**FORM XXXIII**  
**Unified Annual Return**  
(See Rule82(3))

**A. General Part:**

- (a) Name of the establishment .....
- Address of the establishment:
- House No./Flat No.....Street No./Plot No.....
- Town.....District.....State.....pin code.....
- (b) Name of the employer.....
- Address of the employer:
- House No./Flat No.....Street No./Plot No.....
- Town.....District.....State.....pin code.....
- E-mail ID.....Telephone Number.....Mobile number.....
- (c) Name of the manager or person responsible for supervision and control of establishment .....
- Address:
- House No./Flat No.....Street No./Plot No.....
- Town.....District.....State.....pin code.....
- E-mail ID.....Telephone Number.....Mobile number.....

**B. Employer's Registration/Licence number under the Acts mentioned in column (2) of the table below:**

| S. No. | Name                                                                      | Registration | If yes (Registration No.) |
|--------|---------------------------------------------------------------------------|--------------|---------------------------|
| (1)    | (2)                                                                       | (3)          | (4)                       |
| 01.    | The Code on Occupational Safety, Health and Working Condition Code, 2020. |              |                           |
| 02.    | The Code on Social Security, 2020.                                        |              |                           |
| 03.    | Any other Law for the time being in force.                                |              |                           |

**C. Details of Employer, Contractor and Contract Labour:**

|     |                                                                             |                  |               |
|-----|-----------------------------------------------------------------------------|------------------|---------------|
| 01. | Name of the employer in the case of a contractor's establishment.           |                  |               |
| 02. | Date of commencement of the establishment.                                  |                  |               |
| 03. | Number of Contractors engaged in the establishment during the year.         |                  |               |
| 04. | Total Number of days during the year on which Contract Labour was employed. |                  |               |
| 05. | Total number of man-days worked by Contract Labour during the year.         |                  |               |
| 06. | Name of the Manager or Agent (in case of mines).                            |                  |               |
| 07. | Address House No./Flat No.                                                  | Street/Plot No.  | Town          |
|     | District                                                                    | State            | Pin Code      |
|     | E-mail ID                                                                   | Telephone Number | Moblie Number |

**D. Working hours and weekly rest day:.**

|     |                                           |  |
|-----|-------------------------------------------|--|
| 01. | Number of days worked during the year.    |  |
| 02. | Number of mandays worked during the year. |  |
| 03. | Daily hours of work.                      |  |
| 04. | Weekly day of rest.                       |  |

**A. Maximum number of persons employed in any day during the year:**

| Sl. No. | Males | Females | Adolescents (between the age of 14 to 18 years.) | Children (below 14 years of age.) | Total |
|---------|-------|---------|--------------------------------------------------|-----------------------------------|-------|
|         |       |         |                                                  |                                   |       |

**B. Wage rates (Category Wise):**

| Category       | Rates of Wages | No. of workers |        |          |            |          |        |          |            |
|----------------|----------------|----------------|--------|----------|------------|----------|--------|----------|------------|
|                |                | Regular        |        |          |            | Contract |        |          |            |
|                |                | Male           | Female | Children | Adolescent | Male     | Female | Children | Adolescent |
| Highly Skilled |                |                |        |          |            |          |        |          |            |
| Skilled        |                |                |        |          |            |          |        |          |            |
| Semiskilled    |                |                |        |          |            |          |        |          |            |
| Unskilled      |                |                |        |          |            |          |        |          |            |

**C. (a) Details of Payments:**

| Gross wages paid |         | Deductions |                               |        | Net wages paid |         |
|------------------|---------|------------|-------------------------------|--------|----------------|---------|
| In cash          | In kind | Fines      | Deductions for damage or loss | Others | In cash        | In kind |
|                  |         |            |                               |        |                |         |

**(b) Number of workers who were granted leave with wages during the year:**

| Sl. No. | During the year | Number of workers | Granted leave with wages |
|---------|-----------------|-------------------|--------------------------|
|         |                 |                   |                          |

**D. Details of various welfare amenities provided under the statutory schemes:**

| Sl. No. | Nature of various welfare amenities provided | Statutory (specify the statute) |
|---------|----------------------------------------------|---------------------------------|
|         |                                              |                                 |

**E. Maternity Benefit under The Code on Social Security, 2020:****(a) Details of establishment, medical and para-medical staff:**

|     |                                  |  |
|-----|----------------------------------|--|
| 01. | Date of opening of establishment |  |
|-----|----------------------------------|--|

|        |                                               |  |  |
|--------|-----------------------------------------------|--|--|
| 02.    | Date of closing, if closed                    |  |  |
| 03.    | Name of Medical Officer                       |  |  |
| 03(i)  | Qualification of Medical Officer              |  |  |
| 03(ii) | Is Medical Officer at (the mines or circus) ? |  |  |

|          |                                                                    |  |  |
|----------|--------------------------------------------------------------------|--|--|
| 03(iii)  | If a part time, how often does he/she pay visit to establishment ? |  |  |
| 03(iv)   | Is there any Hospital?                                             |  |  |
| 03(v)    | If so, how many beds are provided?                                 |  |  |
| 03(vi)   | Is there a lady Doctor?                                            |  |  |
| 03(vii)  | If so, what is her qualification?                                  |  |  |
| 03(viii) | Is there a qualified mid-wife?                                     |  |  |
| 03(ix)   | Has any crèche been provided?                                      |  |  |

**(a) Leave Granted under The Code on Social Security 2020**

|     |                                                              |  |
|-----|--------------------------------------------------------------|--|
| 01. | Total number of female employees in the establishment        |  |
| 02. | Total number days of leave granted                           |  |
| 03. | Number of employees granted maternity leave/benefited by ESI |  |

**Declaration**

It is to certify that the above information is true and correct and also I certify that I have complied with the all provisions of Labour Laws applicable to my establishment.

Place

Date

Sign. Here