FORM – ‘XII’
[See Rule 32]

Annual Return

1. Name and address of the industrial premises:

2. No. and date of licence:

3. Name of the employer:

4. Name of the principal employer if the employer is working as contractor for principal employer:

5. Average number of employees employed daily in the industrial premises:
   - Men:
   - Women:
   - Young persons:
   - Male:
   - Female:

6. Average monthly No. of home workers employed (i.e., who work in their homes):

7. Normal hours worked per week in the industrial premises:

8. Number of days worked in the year in the industrial premises:

9. Number of employees who were granted leave during the calendar year:

10. Young persons:
    - (a) employed in the industrial premises:
    - (b) employed in homes:

11. No. of female employees who were given maternity benefit during the year:
    - (a) Employed in Industrial premises:
    - (b) Employed in homes:

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

Dated .................. (Signature of the employer)