

FORM X

(See rule 21)

**Particulars of migrant workman**

1. Name and address of the contractor .....
2. Name and address of the sub-contractor through whom recruitment has been made .....
3. Name and address of the establishment .....
4. Name and address of the principal employer .....
5. Name of the State in which the place of work is located .....
6. Name of the State in which recruitment was made .....

Sl. No.	Name of migrant workman	Father's / Husband's Name	Sex	Age	Permanent home address	Name and address of the next of the kin of migrant workman	Place and address of residence in the home State	Amount of displacement allowance paid
1	2	3	4	5	6	7	8	9

Amount of outward Journey allowance paid	Amount of wages for outward journey period paid	Nature of job required to be performed	Date of recruitment	Date of employment	Details of rates of wages and other allowances payable	Period of contract of employment	Details of other service condition	Remarks
10	11	12	13	14	15	16	17	18

Signature of the contractor or his authorized representative  
Date:

Submitted to:

(1) .....

(Specified authority in the State in which migrant workman / Workmen is/are employed)

(2) .....

(Specified authority in the State from which migrant workman / Workmen have/have been recruited)

Copy forwarded to

..... (The principal employer)

Signature of the contractor or his authorized representative  
Date:

*Note: In case where migrant workmen concerned have been recruited from more than one State, separate returns shall be submitted in respect of each such State*