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*: ______
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