

FORM- XXV.

[See rule 242]

Annual return of employer to be sent to the registering officer Year ending 31st December.

1. Full name and full address of the establishment of the building and other construction work
(Place, Post Office, District)
2. Name and permanent address of the establishment
3. Name and address of the employer
4. Nature of building and other construction work carried on
5. Full name of the Manager or person responsible for supervision and control of the establishment
6. Number of building worker ordinarily employed
7. Total number of days during the year on which building workers during were employed
8. Total number of man days worked by building workers during the year
9. Maximum number of building workers employed on any day during the year
10. The number of accidents that took place during the year as under;
 - (a) The total number of accidents.
 - (b) The number of accidents resulting disablement of building worker for less than 48 hours, the no. of building workers involved and the number of man days lost.
 - (c) The number of accidents resulting in disablement of building workers beyond 48 hours but not resulting any permanent partial permanent total disablement, the no. of building workers involved and the number of man days lost on account of such accidents

- (d) The number of accidents resulting in permanent partial or total disablement, the no. of building workers involved and the no. of man days lost on account of such accidents.
- (e) The number of accidents resulting in deaths of building workers and the number of resultant deaths, the Inspectors appointed by the State Government, under the Act shall direct the owners of establishments registered under this Act, to send the copies of Annual returns submitted by the employers of registered establishments in respect of the concerned State Government or appropriate Government to the Chief Inspector of the provisions by section 60 of the Act.

11. Change, if any, in the management of the establishment, its location or any other particulars furnished to the Registering Officer, in the application for registration indicating also the dates.

Place

Date

(Signature of the Employer)