

## FORM A

[See Sec. 4 (1) proviso (a)]

### Core Return

#### Return for the year ending 31<sup>st</sup> December

*(To be furnished on or before the 15<sup>th</sup> February of the succeeding year by small establishments and very small establishments)*

1. (a) Name and postal address of the establishment.  
(b) Name and residential address of the employer.  
(c) Name and residential address of the Manager or person responsible for supervision and control of the establishments.  
(d) Name of the principal employer in the case of a contractor's establishment.  
(e) Date of commencement of the establishment.

#### Nature of Operation/Industry/Work carried on

2. (a) Number of days worked during the year.  
(b) Number of man-days worked during the year.  
(c) Daily hours of work.  
(d) Day of weekly holiday.
3. (a) Averages number of persons employed during the year.
  - (i) Males.
  - (ii) Females.
  - (iii) Adolescents (those who have been completed 14 years but have not completed 18 years of age).
  - (iv) Children (those who have not completed 14 years of age.)  
(b) Maximum number of workers employed on any day during the year.  
  
(c) Number of workers discharged, dismissed, retrenched or whose services were terminated during the year.
4. Rates of wages—category wise.  
(1) Males (2) Females (3) Adolescents (4) Children.
5. Gross wages paid:
  - (a) in cash.
  - (b) in kind.
6. Deductions:
  - (a) Fines.
  - (b) Deductions for damage or loss.
  - (c) Other deductions.

7. Number of workers who were granted leave with wages during the year.
8. Nature of welfare amenities provided: Statutory (specify the Statute).
9. Does the establishment carry out any hazardous process or dangerous operation coming within the meaning of the Factories Act, 1948. If so, give particulars.
10. Number of accidents:
  - (a) Fatal
  - (b) Non-fatal
11. Nature of safety measures provided as required under the Factories Act, 1948

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*Signature of employer with full name in capitals*

Date.....  
Place.....

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