| (for (| Compliance of Provisions of Various Labour Enactments) | | | |
|--------|---|-------------|---------|---|
| (101 (| Month : April, 2024 Name of Contractor:- | | | Project : project site and Address |
| S.No. | Work order :- Dated:- NAME OF ACT | Yes | No | Remarks (if non-compliance) |
| | | | | |
| 1) | Employees' Provident Funds & Miscellaneous Provisions Act, 1952 | | | |
| a) | I have been allotted PF code number from PF authorities | * | | DL/CPM/1517479 |
| b) | Deposit of deductions paid by 15th of each month | √ | | |
| c) | Returns, forms,records to be maintained & submitted to the Authorities | | | |
| | Form 2 Nomination & Declaration Form to be submitted for new joinees | √ | | |
| | Form 3 A Contribution Card-Return to be submitted | · | | |
| | Form 5- Return of Employees qualifying for Mship | · | | |
| | Form 6 -Annual Statement of Contribution | √ | | |
| | Form 10-Return of members leaving Service | √ | | |
| | Form 11-Declaration by person taking up employment in an Estd | √ | | |
| | Form 12 A -Statement of Contributions | √ | | |
| d) | Inspection Book maintained for observations of the Inspector | √ | | |
| e) | Any other provisions not mentioned above. | √ | | |
| 2) | Payment of Wages Act, 1936 | | | |
| a) | Payment of wages by 7th of each month | √ | | |
| b) | Certification by representative of the Company on the original wage register of the | | | |
| | to the labour. | √ | | _ |
| c) | Payment of overtime as per Act | | \succ | NO OVERTIME DURING THE MONTH |
| d) | Abstract of the Act and Rules in English & Hindi displayed | > | | |
| e) | Returns, forms,records to be maintained & submitted to the Authorities | | | |
| | Form I Register of Fines | \ | | MAINTAINED UNDER CONTRACT LABOUR ACT |
| | Form II Register of Deductions for damage & loss | √ | | |
| | Form III Register of advance | ✓ | > | - |
| f) | Wage Slip issued | ✓ | | |
| g) | Any other provisions not mentioned above. | > | | |

| (for (| Compliance of Provisions of Various Labour Enactments) | | | |
|--------|---|----------|----------|------------------------------------|
| (101 (| Month : April, 2024 Name of Contractor:- | | | Project : project site and Address |
| S No | Work order :- Dated:- NAME OF ACT | Yes | No | Remarks (if non-compliance) |
| | Minimum Wages Act, 1948 | 165 | NO | remarks (ii non-compliance) |
| a) | Payment of minimum wages by the contractor as per notification issued by Govt. Au | | | |
| b) | Display an abstract of the Act | √ | | |
| c) | Any other provisions not mentioned above. | | | |
| 4) | Contract Labour (Regulation & Abolition) Act, 1970 | | | |
| a) | I am holding a a valid licence and complying with the conditions contained therein. | | \succ | _ |
| b) | Display an abstract of the Act in English & Hindi | ✓ | | |
| c) | Display notices showing in English & Hindi | √ | | |
| | Rates of Wages | √ | | |
| | Hours of work | √ | | |
| | Wages period | ~ | | |
| | Date of payment of wages | √ | | |
| | Names & address of the Inspector | √ | | |
| | Date of payment of unpaid wages | √ | | |
| d) | Returns, forms,records to be maintained & submitted to the Authorities | | | |
| | Form -13 Register of workmen employed by me. | | | |
| | Form -14 (Employment Card)being given by me. | ~ | | |
| | Form -15 (Service Certificate)being given by me. | √ | | |
| | Form- 16 (Muster Roll) being maintained by me. | ~ | | |
| | Wage Register in Form 13 being maintained by me. | √ | | |
| | Form 14 (Register of wage Cum wage Muster Roll) being maintained by me in case of | | wage per | MONTHLY WAGE PERIOD |
| | Wage Slip is being given by me. | ✓ | | |
| | Form- 20 (Register of deductions) being maintained by me. | ✓ | | |
| | Form- 21 (Register of fines) being maintained by me. | ✓ | | |
| | Form- 22 (Register of Advances) being maintained by me. | √ | | |

| (for (| Compliance of Provisions of Various Labour Enactments) | | | |
|--------|--|---|-----------------------|--|
| 1.01 | Month : April, 2024 Name of Contractor:- | | | Project : project site and Address |
| - ·· | Work order :- Dated:- | | | |
| S.No. | NAME OF ACT | Yes | No | Remarks (if non-compliance) |
| | Form- 23 (Register of Overtime) being maintained by me. | | | |
| | Form 20-Half Yearly return is being Sent by me details of workman & compliances | of provisio | ns laid do | wn |
| f) | Welfare facilities | | | |
| | Arrangements of hygienic & clean drinking water at sites | * | | |
| | Provision of urinals/toilets at each site and to keep them clean | ✓ ✓ | | |
| | No workers less than the age of 18 years is engaged at site | · | | |
| | No female workers is employed after 7.00 PM at site | ✓ ✓ | | |
| | First-aid box with necessary medicines kept at the site | , in the second | | |
| | Canteen provided where more than 100 workers are ordinarily employed | | ✓ | |
| | Rest Room provided | | | |
| g) | Employment of Sub-Contractor | | | |
| | Whether any sub-contractor has been engaged during this period | | | NO SUB CONTRACTOR ENGAGED DURING THE MONTH |
| | If yes, whether Principal employer has been informed and all requisite formalities for lic | censing | | |
| | registration etc have been completed. | | | |
| h) | Any other provisions not mentioned above. | | J | |
| | | | | |
| 5) | Inter-State Migrant Workmen (Regulation of Employment and Condition of Service) Act, 1979 | | | |
| | Modus operandi of recruitment of contract labour determines the status of wor | rker as | | |
| | Inter state Migrant | | | |
| a) | Whether any migrant labour has been engaged | | | NO INTERSTATE MIGRANT WORKMEN ENGAGED DURING THE MONTH |
| b) | If yes,whether the facilities are being provided. | | | |
| | Workmen issued a passbook with photograph | | | |
| | Inter-state migrant workman paid displacement allowance equivalent to 50% of month | hly wages | | |
| | Journey allowance/return fare paid to workman by the contractor | | | |

| (for Compliance of Provisions of Various Labour Enactments) Month : April, 2024 Name of Contractor:- | | | | Project : project site and | |
|---|---|------------|------|----------------------------|------------------------------|
| | Work order :- Dated:- | | | | Address |
| .No. | NAME OF ACT | Yes | H | No | Remarks (if non-compliance) |
| | Medical facilities | | Ш | | |
| | Protective clothing | | | | |
| | Residential accommodation | | | | |
| c) | Any other provisions not mentioned above. | _ | Į | | |
| | | | L | | |
| 6) | Employees' State Insurance Act, 1948 (To fill only if applicable) | | | | |
| a) | Contributions payable to be deposited with ESI Authorities latest by 21st of every mo | √ | | | |
| b) | Returns, forms,records to be maintained & submitted to the Authorities | | | | |
| | Form 01 registration of Factories or Establishment was sent in time (for code number | ✓ | | | |
| | Code number allotted and being entered all documents prepared & completed under | ✓ | | | |
| | Form I (declaration formon joining) is being sent to authorities within time | √ | | | |
| | Form 3 (return of declaration form) are being sent within time | √ | | | |
| | Identity card being received by authority and distributed to employees | √ | | | |
| | Form 7 (register of employees) is being maintained | ✓ | | | |
| | Accident book is maintained in Form 15 | | | | |
| | Accident report on Form 16 is being sent to ESI local office and dispensary | | } | _ | NO ACCIDENT DURING THE MONTH |
| | Form 6(return of contribution) are being submitted within time | √ | | | |
| | Inspection book is maintained | √ | | | |
| c) | Any other provisions not mentioned above. | | | | |
| | | | | | |
| 7) | Workmen's Compensation Act, 1923 | | | | |
| a) | Whether Workman Compensation Insurance& Third Party Risk Policies has been tak | ken in res | pe | t of lab | ESIC LOCAL OFFICE PALAM |
| b) | Benefit under the Act to be extended by in case of employment injury | | | | |
| c) | Returns, forms,records to be maintained & submitted to the Authorities | | $\ $ | | |
| | Form EE (report of fatal accident) is being submitted to Commissioner | | Ιţ | | |
| | Register of Agreement is being maintained on Form R | | 1 | | |

| lo. N | Vork order :- Dated:- IAME OF ACT | Yes | No | |
|-------|--|------|-----|----------------------------|
| Ar | | | 140 | Remarks (if non-compliance |
| | unual return is being submitted- details of accidents | | | |
| Ве | denefit under the Act to be extended by in case of employment injury | | | |
| d) Aı | any other provisions not mentioned above. | | J | |
| | | | | |
| 8 La | abour Welfare Fund (Delhi Amendment) Act | | | |
| Ву | y a notification dt 13.07.2007 issued recently made applicable to all employees do | in 🗸 | | |
| | | | | |
| | | | | |
| a) W | Whether contribution has been submitted within prescribed time. | | | |
| b) W | Whether unaccumalated wages are paid to the authority within the prescribed time | to | | |
| c) Ar | ny other provisions not mentioned above. | | | |
| | | | | any or all the above compl |