

# MATERNITY BENEFIT (MINES AND CIRCUS) RULES, 1963

## <sup>35</sup>FORM X\*

[See rule 16(1)]

### UNIFIED ANNUAL RETURN

#### A. General Part:

##### Particulars:

- (a) Name of the establishment   
 Address of the establishment. House No./Flat No.   
 Street/Plot No.  Town  District   
 State  Pin Code
- (b) Name of the employer   
 Address of the employer House No./Flat No.   
 Street/Plot No.  Town  District   
 State  Pin Code   
 E-mail ID  Telephone Number   
 Mobile Number
- (c) Name of the manager or person responsible for supervision and control of establishment   
 Address House No./Flat No.   
 Street/Plot No.  Town  District   
 State  Pin Code   
 E-mail ID  Telephone Number   
 Mobile Number

#### B. Employer's Registration/License number under the Acts mentioned in column (2) of the table below:

S.No.	Name	Registration		If yes (Registration No.)
(1)	(2)	(3)		(4)
1.	The Building and other Construction Workers (Regulation of Employment & Conditions of Service) Act, 1996.			

35. Form X substituted for Forms L, M, N and O by Notification No. G.S.R. 435(E), dated 29-5-2015, w.e.f. 29-5-2015. Earlier the existing Forms were amended by G.S.R. 59(E), dated 27-2-1975 and G.S.R. 70(E), dated 31-1-1996, w.e.f. 1-2-1996.

\*Forms L, M, N and O should be read Form X.

2.	The Contract Labour (Regulation & Abolition) Act, 1970.			
3.	The Inter-State Migrant Workmen (Regulation of Employment and Condition of Service) Act, 1979.			
4.	The Employees Provident Funds and Miscellaneous Provisions Act, 1952.			
5.	The Employees' State Insurance Act, 1948.			
6.	The Mines Act, 1952. Notice of opening under Regulation 3 of Coal Mines Regulation, 1957 or Regulation 3 of Metalliferous Mines Regulation, 1961.			
7.	The Factories Act, 1948.			
8.	The Motor Transport Workers Act, 1961.			
9.	The Shops and Establishments Act (State Act).			
10.	Any other Law for the time being in force.			

### C. Details of Principal Employer, Contractor and Contract Labour:

1.	Name of the principal employer in the case of a contractor's establishment.	
2.	Date of commencement of the establishment.	
3.	Number of Contractors engaged in the establishment during the year.	
4.	Total Number of days during the year on which Contract Labour was employed.	
5.	Total number of man-days worked by Contract Labour during the year.	
6.	Name of the Manager or Agent (in case of mines).	
7.	Address House No./Flat No. <input type="text"/> Street/Plot No. <input type="text"/> Town <input type="text"/> District <input type="text"/> State <input type="text"/> Pin Code <input type="text"/> E-mail <input type="text"/> Telephone Number <input type="text"/> Mobile Number <input type="text"/>	

### D. Working hours and weekly rest day:

1.	Number of days worked during the year.	
2.	Number of mandays worked during the year.	
3.	Daily hours of work.	
4.	Weekly day of rest.	

### E. Maximum number of persons employed in any day during the year:

Sl. No.	Males	Females	Adolescents (between the age of 14 to 18 years.)	Children (below 14 years of age.)	Total

**F. Wage rates (Category Wise):**

Category	Rates of Wages	No. of workers							
		Regular				Contract			
		Male	Female	Children	Adolescent	Male	Female	Children	Adolescent
Highly Skilled									
Skilled									
Semiskilled									
Un-skilled									

**G. (a) Details of Payments:**

Gross wages paid			Deductions		Net wages paid	
In cash	In kind	Fines	Deductions for damage or loss	Others	In cash	In kind

**(b) Number of workers who were granted leave with wages during the year:**

Sl. No.	During the year	Number of workers	Granted leave with wages

**H. Details of various welfare amenities provided under the statutory schemes:**

Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)

**I. The Maternity Benefit Act, 1961, Maternity Benefit (Mines and Circus) Rules 1963:**

**(a) Details of establishment, medical and para-medical staff:**

1	Date of opening of establishment	
2	Date of closing, if closed	
3	Name of Medical Officer	
(i)	Qualification of Medical Officer	
(ii)	Is Medical Officer at (the mines or circus) ?	
(iii)	If a part time, how often does he/she pay visit to establishment ?	
(iv)	Is there any Hospital?	
(v)	If so, how many beds are provided?	
(vi)	Is there a lady Doctor?	
(vii)	If so, what is her qualification?	
(viii)	Is there a qualified mid-wife?	
(ix)	Has any creche been provided?	

**(b) Leave Granted under the Maternity Benefit Act, 1961, Maternity Benefit (Mines and Circus) Rules 1963/Employees' State Insurance Act, 1948:**

1.	Total number of female employees in the establishment	
2.	Total number days of leave granted	
3.	Number of employees granted maternity leave/benefited by ESI	

**DECLARATION**

It is to certify that the above information is true and correct and also I certify that I have complied with the all provisions of Labour Laws applicable to my establishment.

PLACE  DATE  SIGN. HERE