FORM U COMBINED ANNUAL RETURN [See Rule 24(9-C) of Karnataka Shops & Commercial Establishment Rules, 1963] This report assists Employer to file Form U at http://www.ekarmika.com

1) Form XXV of (Rules 82(2) of the Contract Labour (Regulation & Abolition) Karnataka Rules, 1974

2) Form III (Rule 22(4)) Karnataka Minimum Wages Rules, 1958

3) Form XX (Rule 20(1)) Karnataka Payment of Wages Rules, 1963

4) Form L (Rule 16) Karnataka Maternity Benefits Rules, 1963

1	Name of the Establishment					-				
2	Full Postal Address				110 2000	June.				
		Location	Address	Telephone	Larmeax	Mobile				
а	Establishment			ind from	ekai					
b	Registered/Head Office		pre	loadeu						
3	Name and Residential Address of the E	Employer or a person Respons	ible for Conduct and Contro	l of the Business :						
	Name	Designation at 1	Address	Telephone	Email	Mobile				
4	Full Postal Address Location Address Telephone Fax Mobile Establishment Image: Ima									
5	Nature of business of the Establishmer	nt								
6-A)	Particulars of employment									

	D	Male	Male Fem:		emale Total				
	No. of Persons on Roll as on 01/01/20	2		0	2				
	No. of Persons on Roll as on31/12/2016(at the end of the year)				1	5	5		
	No. of Days worked No. of man days worked during the year No. of Man hours worked including O.T. during the year		248		248	496 0			
						0			
	Total Amount of salary / wages paid	including O.T. wages and Allowances	1434134	1434134		1755740			
6-B)	No. of employees whose employment is ceased :								
			Amount of Compen paid	sation	No. of employees suspended during the year		Amount of subsistence allowance paid		
		476201.00		0			0		
7	Particulars of Earned Leave with	Wages							
	Category of Employees	Total No. of Persons Employed	No. of employees el for Earned Leave	ligible	No. of employees availed / granted Earned Leave			No. of employees paid wages / salary in lieu of Earned Leave	
i)	Men	5	3		1				
ii)	Women	1	1			0			
8	Whether the following Welfare Measures are provided ?								
i)	Canteen								
ii)	Creches								
iii)	Shelters, Rest Rooms and Lunch Rooms								
iv)									
9	Maternity Benefits :								
9-A)	Particulars of Maternity Benefits :								
1	Total number of Women workers who worked for a period of 160 days in the last 12 months immediately preceding the date of delivery								
2	Number of Women workers discharged / dismissed in the last 12 months								
3	Number of Women workers for whom pre-natal confinement and post-natal confinement is provided by the employer with free of cost								
4	Number C	nen workers died	a Before Delivery	Į					

		b After Delivery									
9-B)	Leave / Additional Leave details :										
	Item	No. of women applied fo leave		Leave sanctio		nctioned	ed Leave rejected				
	Miscarriage										
	Illness (Additional Leave under Sec 10)										
9-C)	Maternity benefit paid										
	Item	No. of claims received No. of Leaves sanctioned		d No. of claims r	No. of claims rejected Total be		tal benefit paid in Rupees				
	Confinement										
	Miscarriage										
	Illness										
	Medical Bonus										
10	Particulars of Deductions made from Salary (Wages) :										
			No. of Employees invol	ved		Total amount of deductions made					
i)	Fines		1				1000.00				
ii)	Damages / Loss		0				0.00				
iii)	Breach of Contract		0				0.00				
iv)	Others	0				0.00					
	Total		1			0.00					
11	Contract Labour										
	Name and Address of the Contractors	Period of Contr	act From Period	of Contract To	Nature of V	Work No. of contra workmen emp	,	No. of Mandays Worked			