

## FORM 19

(Prescribed under sub rule (1) of rule 110)

Annual Return Year ending 31<sup>st</sup> December 200

Name of Factory	—			
Name of occupier	—			
Name of Manager	—			
1. District	—			
2. Postal address	—			
3. Nature of industry	—			
4. Average Number of workers employed daily	—			
(a) Adults				
Male	—			
Female	—			
(b) Adolescent				
Male	—			
Female	—			
5. Normal hours worked per week	—			
Men	—			
Female	—			
Children	—			
6. Total number of man hours Worked in the year	—	Normal	Overtime	Total
7. Number of days worked in the year				
8. What rest intervals were given to adults?				
9. Where rest intervals given to children?				

10. Where week days sometime  substituted for Sunday as weekly holidays?

11 The number of workers exempted  the provisions of sections

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12. Does the factory come under-

(i) Section 87 (Dangerous Operations)?

(ii) Section 93?

13. Average daily number of workers

employed in dangerous in dangerous operations

Certified that the information furnished above is correct to the best of my knowledge and belief

**Signature of Manager**