

FORM 20
(Prescribed under sub rule (2) of rule 110)
HALF YEARLY RETURN

Period ending 30th June 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	—
Children	—
5. Number of days worked during the half year ending 30 th June 200	—

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

Signature of Occupier

Signature of Manager