

FORM U

COMBINED ANNUAL RETURN

[See Rule 24(9-C) of Karnataka Shops & Commercial Establishment Rules, 1963]

FOR THE YEAR 2025

In lieu of

- 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

	Location	Address	Telephone	Fax	E-mail
a) Establishment					
b) Registered / Head Office					

3 Name and Residential Address of the Employer or a person Responsible for Conduct and Control of the Business :

Name	Designation	Residential Address	Telephone	Mobile	E-mail
1	2	3	4	5	6
			(o)		
			(R)		

4 Name and Residential Address of the Manager / Authorised Signatory

Name	Designation	Residential Address	Telephone	Mobile	E-mail
1	2	3	4	5	6
	Manager		(O)		
			(R)		
	Authorised Signatory		(O)		
			(R)		

5 Nature of business of the Establishment

6-A) Particulars of employment

No. of Persons on Roll as on 1.1.2025 (beginning of the year)	No. of Persons on Roll as on 1-1-2025 (at the end of the year)	No. of Days worked	No. of man days worked during the year	No. of Man hours worked including O.T. during the year	Total Amount of salary / wages paid including O.T. wages and Allowances
			Men	Men	
			Women	Women	
			Total	Total	

6-B) No. of employees whose employment is ceased :

No. of employees discharged / dismissed / terminated / retrenched / resigned / retired during the year	Amount of Compensation paid	No. of employees suspended during the year	Amount of subsistence allowance paid

7 Particulars of Earned Leave with Wages						
	Category of Employees	Total No. of Persons Employed	No. of employees eligible for Earned Leave	No. of employees availed / granted Earned Leave	No. of employees paid wages / salary in lieu of Earned Leave	
i)	Men					
ii)	Women					
8 Whether the following Welfare Measures are provided ?						
i)	Canteen				Yes / No / Not Applicable	
ii)	Creches				Yes / No / Not Applicable	
iii)	Shelters, Rest Rooms and Lunch Rooms				Yes / No / Not Applicable	
iv)	Transport Facility				Yes / No / Not Applicable	
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 of women workers died		a Before Delivery			
			b After Delivery			
9-B) Leave / Additional Leave details :						
Item		No. of women applied fo leave		Leave sanctioned	Leave rejected	
Miscarriage						
Illness (Additional Leave under Sec 10)						
C) Maternity benefit paid						
Item		No. of claims received	No. of Leaves sanctioned	No. of claims rejected	Total benefit paid in Rupees	
Confinement						
Miscarriage						
Illness						
Medical Bonus						
10 Particulars of Deductions made from Salary (Wages) :						
		No. of Employees involved		Total amount of Deductions made		
i) Fines						
ii) Damages / Loss						
iii) Breach of Contract						
iv) Others						
Total						
11 Contract Labour						
	Name and Address of the Contractors	Period of Contract From / To	Nature of Work	No. of contract workmen employed	No. of days worked	No. of Mandays Worked
i)						
ii)						
iii)						
<p>Certifited that the information furnished above is, to the best of my knowledge and belief, is correct.</p> <p>Dated _____</p> <p>Place _____</p> <p style="text-align: right;">Signature of Employer / Manager / Authorised Signatory Name (IN CAPITALS) Designation</p> <p style="text-align: center;">KLP Corporate Services</p>						