

FORM XXIII

[(See rule 53(5)]

ANNUAL RETURN**FOR THE YEAR ENDING 31st December**

Single annual integrated return to be filed online under the Occupational Safety, Health and Working Conditions Code, 2020(37 of 2020), the Code on Industrial Relations, 2020(35 of 2020), the Code on Social Security, 2020(36 of 2020), and the Code on Wages, 2019(29 of 2019) and the rules made there under.

Instructions for filling up the Annual Return

- (1) This return shall be filled-up and furnished on or before the 28th or 29th day of February every year.
- (2) This return consists of two parts i.e. Part-I , which shall be filled up by all establishments.
- (3) Part-II shall be filled-up only by the establishments that are Mines in addition to Part-I.
- (4) The terms “establishment” and “mines” shall have the same meanings as assigned to them in the respective Codes.
- (5) This return shall be filled-up in the case of contractor or manpower supplier who has engaged more than 50 workers and in the case of mines, even where one worker was employed during the relevant period.

Applicable to All Establishments - Part-I**A. General Information:**

Sl. No.			Instructions for filling the column
1.	Labour Identification Number		EPFO, ESIC, MCA, MoLE (LIN)
2.	Period of the Return	From - To-	Period should be calendar year
3.	Name of the Establishment		
4.	Email ID (employer)		
5.	Telephone No. (employer)		
6.	Mobile number (employer)		
7.	Premise name		
8.	Sub-locality		
9.	District		
10.	State		
11.	Pin Code		
12.	Geo Co-ordinates		
B(a).	Hours of Work in a day		
B(b).	Number of Shifts		

	Number of hours in a shift								
C. Details of Manpower Deployed									
Details	Directly employed				Employed through Contractor				Grand Total
Skill Category	Highly Skill ed	Skille d	Semi- Skille d	Un- Skille d	Highl y Skille d	Skille d	Sem i- Skill ed	Un- Skille d	
(i) Maxim um No. day during the year	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(ii) Avera ge No. the year	No. to be indicated	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(iii) Maximum number of Migrant Worker during the year (Section 59 of OSH&WC Code)	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(iv) Number of fixed term employee engaged	M/F/T	M/F/T	M/F/T	M/F/T					
D. Details of contractors engaged in the Establishment:									
Sl. No.	Name with LIN of the Contractor			No. of Contract Labour Engaged					
E. Details of various Health and Welfare Amenities provided.									
Sl. No.	Nature of various welfare amenities provided			Statutory (specify the statute)		Instructions for filling			
1.	Whether facility of Canteen provided (as per section 24(v) of OSH&WC Code, 2020)			Tick yes or no in the box and not applicable		Applicable to all establishments wherein hundred or more worker including contract labour were ordinarily employed			
2.	Crèches(as per section 67 of Code on Social Security Code, 2020 and section 24 of the OSH&WC Code 2020)			Tick yes or no in the box and not applicable		Applicable to all establishments where fifty or more workers are employed			

2	If 2 above is not given than whether Crèches allowance under Rule.. of Social Security Code given.	Tick yes or no in the box and not applicable	Reference rule.. on Social Security
3.	Ambulance Room(as per section 24(2)(i) of OSH&WC Code, 2020)	Tick yes or no in the box and not applicable	Applicable to mine, building or other construction work wherein more than five hundred workers are ordinarily employed
4.	Safety Committee (as per section 22(1) of OSH&WC Code, 2020.	Tick yes or no in the box and not applicable	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BOCW employing 250workers or more, and mines employing 100 or more workers.
5.	Safety Officer (as per section 22(2) of OSH&WC Code, 2020)	No. of safety officers appointed	In case of mine 100 or more workers, in case of BOCW 250 or more workers and in case of dock work 500 or more workers are ordinarily employed.
6.	Qualified Medical Practitioner (as per section 12 (2) of OSH&WC Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.

F. The Industrial Relations:					Instructions for filling
1.	Is the Works Committee has been functioning.(Section 3 of IR Code, 2020)			Yes/No and not applicable	Industrial establishment in which 100 or more workers are employed
(a)	Date of its constitution.				
2.	Whether the Safety Redressal Committee constituted (Section 4 of IR Code, 2020)			Yes/No and not applicable	Industrial establishment employing 20 or more workers
3.	Number of registered Unions in the establishments.				
4.	Whether any negotiation union exist(Section 14 of IR Code, 2020)			Yes/No	
5.	Whether any negotiating council is constituted (Section 14 of IR Code, 2020)			Yes/No	
6.	Number of workers discharged/dissmised, retrenched or whose services were terminated during the year:				
		Dismissed	Retrenched	Discharged /Terminated or Removed	Grand Total
7.	Man-days lost during the year on account of				
Sl. No.	Reasons		Period /Date	No. of man-days	

			lost		
(a)	Strike				
(b)	Lockout				
8. Details of retrenchment / lay off					
Sl. No.	No. of persons retrenched during the period	Details of payment paid to retrenched employees	No. of workers laid off during the period	No. of man-days lost due to lay-off	Applies on industrial establishment employing 300 or more workers

G. Details pertaining to maternity benefit:				
No. of f	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

H. Details of payment of bonus:				
Sl. No.	No. of employees covered under the Bonus provision	Total amount of bonus actually paid	Date on which the Bonus paid	
I. Details of accidents, dangerous occurrence and notifiable diseases:				
Sl. No.	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per section 10 of the OSH&WC Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the OSH&WC Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the OSH&WC Code,2020	Total number of cases of Notifiable Diseases specified in Third Schedule of the OSH&WC Code, 2020 along with the details of affected persons
J. Man days and production lost due to accidents / dangerous occurrences				
Sl. No.	Accident/Dangerous Occurrence	Man days lost	Production Lost	

Part II (For Mines)

A. General information		
1.	Establishment Name	
2.	Name of Company/ Name of Owner	
3.	Type of organization (drop down)	PSU Central/ PSU State/ Private/
4.	Type of ownership (drop down)	Firm/Association/Individual/Partnership/Company
5.	Type of Mineral (drop down)	Coal/Metal/Oil

6.	Name of Mineral	
7.	Type of Mine (drop down)	Belowground/ Opencast/ Aboveground/Mixed/OffShore/OnShore
8.	Date of opening	To be filled for first time
9.	Mine Code	To be filled for first time
10.	Date of closing (if any)	NA/ Calendar to be given
11.	Date of reopening (if any)	NA/ Calendar to be given
12.	Depth of working in mts.	Maximum Depth: Minimum Depth:

B. Statutory personnel employed in the mine (as on 31st December)

Sl. No.	Designation as per Code	Number of Statutory Persons required	Number of Statutory Persons employed
1.			

C. Method of Working vis-a-vis Safety Parameters

1	Name of Method (Specify the name) (as per drop down menu)		
2	Quantity of mineral Produced in Cu.m./Tonne		
3	Quantity of Waste/overburden removed in Cu.m./Tonne		
4	Stage of Working (as per drop down menu)	Development/Extraction/Mixed	
5	Permissible Void in Cu.m.		For extraction stage
6	Actual Void in Cu.m.		For extraction stage
7	Area of overhang		For extraction stage
8	Maximum Inflammable gas released in Cu. Meter per ton of coal produced		For Development stage
9	Overall Pit slope		For Opencast mines
	Individual entry for each Pit		
10	Overall dump slope		For Opencast mines
	Individual entry for each Dump		
11	Area of fire in Sq. m.		
12	Length of embankment required to be provided against the water body		
13	Length of embankment provided against the water body		

14	Length of fencing required/provided as per statute		
15	No. of opening required to be sealed in case of abandoned mines:		
16	No. of Openings sealed in case of abandoned mines:		
17	Number of Mock drills conducted and date of same with coverage of employees		
18	No. of Oil/Gas wells: under drilling/ under production/ under work over (as per drop down menu)		For Oil and gas mines
19	No. of wells where production discontinued		For Oil and gas mines
20	If Yes to pt. 19 above, Action taken		
21	Action Taken in respect of Wells where production has been discontinued		For Oil and gas mines
22	Maximum Quantity of explosive used in any day (in Kgs.)		For all types of mine
23	Whether Building or Structures not belonging to owner lies within danger zone?	Yes/No/NA	For Coal & Metalliferous Mines
24	Aggregate HP/KW of machineries installed/deployed in the mine for the year		For all types of mine

D. Medical examinations - Initial/Periodical (IME/PME):

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Undergone IME	
Undergone PME	
Declared medically Temporary unfit	
Given alternate Employment due to Medical unfitness	
Terminated on account of being medically unfit	

E. Details of Vocational training imparted:

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Imparted Basic Vocational Training	
Imparted Refresher Training	
Imparted special Training	

F. Details of Accident, Dangerous Occurrence and Occupational Diseases :**(1) Details of Accidents and Dangerous Occurrences:**

Sl. No.	Date of Accidents/Dangerous Occurrences	No. of persons killed	No. of persons received Serious Bodily Injury	Number of persons injured (Excluding Serious Bodily Injury) and thereby prevented from working for a period of 48 hours or more	Nature of Occurrence	Mandays lost
1.						

(2) Details of Occupational diseases:

Sl. No	Notified Disease	No. of cases
1		

G. Details of Safety Management Plan:

- (a) Safety Management Plan Prepared: (Yes/No/NA)
 (b) Date of Submission : Date
 (c) Last date of review of Safety Management Plan: Date
 (d) Principal Hazards Identified:

Sl. no.	List of Principal hazards identified	Principal hazard Mitigation date	Principal hazard not mitigated till 31 st December	Reasons for failure to mitigate the same
1.				

H. Mines Rescue Station: (For Belowground Mines Only)**A. For Mine: (To be filled by mine owner)**

- (i) Address of the Rescue Station with Geo-coordinates serving the mines;
 (ii) Distance of the Rescue Station from mine opening; ----(in KM)
 (iii) Whether a mine Rescue Station has been established by the mine ? (Yes/No)

Mines Rescue Station: (For Belowground Mines Only)**(For Rescue Station)**

For Mine Rescue Station (To be filled by the Superintendent of the Rescue Station)

- (i) Name of the owner of the mine at which the Mine Rescue Station is located:
- (ii) Address of MRS:
- (iii) Name of the Superintendent :
- (iv) Details of the mine served by the Rescue Station:

Sl. No.	Name of the Mines	Distance of the Mine from MRS (in Kms)

- (v) Details of Personnel Deployed at Rescue Station;

Sl. No.	Designation as per Code	Number of statutory persons required	Number of statutory persons employed

- (vi) Details of Equipment/Apparatus :

Sl. No.	Type of Equipment/Apparatus required	Numbers of Equipment/Apparatus available

- (vi) Particulars of Emergency Attended:

Sl.No.	Name of the Mine	Nature of Emergency	Response Time (time taken by rescue services to attend the emergency)	Time taken for Rescue & Recovery	Action Taken

- (vii) Additional Information :

- (a) Number of Rescue Rooms :
- (b) Number of Rescue Trained Persons Required :
- (c) Number of Rescue Trained Person available :
- (d) Whether Canteen facility exist or not? (Yes/No):

Certified that the tables are duly filled in and the information and figures furnished therein are correct to the best of my knowledge.

Signature of Employer/Occupier/Owner/Agent/Manager

Place:

Dated:

PART III**ANNUAL RETURN period ending 31st December**

(to be submitted by the principal employer on Shram Suvidha Portal)

1. Name of the principal employer:
2. Name of the establishment:
3. Registration number (LIN) of the establishment:
4. Details of the Contractors, wages paid, etc.:

Sl .	Month	Name and address of the contractors	LIN of the contractor	Name of the work	Maximum number of contract labour employed	Amount paid against wage bill (if applicable) to the contractor (including EPF, ESIC, Bonus etc.)	Date of payment of wage bill (if applicable)	Amount of the wages paid directly to the contract labour by Principal Employer (in case the contract or fails to pay)	Date of payment of wages paid directly to the contract labour by Principal Employer (in case the contract or fails to pay)	Remarks

Signature of the principal employer**Date:**

[illegible]

12/20..												
01/20..												
02/20..												
03/20..												

- Upload Salary sheet of contribution details of all members as per **Form-VIIIB(Register of Wages, Overtime & Deduction)**

Details of Employees non-enrolled but eligible to be member:								
Sr. No	Name of Employee	Gender	Aadhaar Number	Father's Name	Date of Birth	Date of Joining	Date of Exit(If already left)	Wages paid

Contractors details:						
S.No.	Name & Address of the contractor	EPF code No.	ESI code No.	Nature of work	Maximum Number of employees employed during any day	Total payment made during the FY

<*contractor details may be pre-filled from CLC Licence data if available with option to add other contractors>

Details of tax benefit claimed by employer by way of contribution towards a recognized provident fund or an approved superannuation fund u/s 36(1)(iv) of Income Tax Act:

Financial Year	Contribution	Tax benefit

UPLOAD DCOUMENTS:

S. No.	DOCUMENT Name	<upload field in portal>
1.	Balance Sheet*	• <upload field for Balance Sheet of the financial year>
2.	Form 26AS*	• <upload field for Form 26AS of the financial year>
3.	Form 26Q*	• <upload field for Form 26Q of the financial year>

*mandatory field

(Signature of the Employer/authorized representative)

***Section 36(1)(iv) of Income Tax Act:**

any sum paid by the assessee as an employer by way of contribution towards a recognised provident fund or an approved superannuation fund, subject to such limits as may be prescribed for the purpose of recognising the provident fund or approving the superannuation fund, as the case may be; and subject to such conditions as the Board may think fit to specify in cases where the contributions are not in the nature of annual contributions of fixed amounts or annual contributions fixed on some definite basis by reference to the income chargeable under the head "Salaries" or to the contributions or to the number of members of the fund;