

Monthly Returns Format

Sl.No	Name of Company, address, date of Establishment	Name of MD/Plant Head Email id & Contact No	Name of HR Head Email id & Contact No	Total No of Contractors		Total No of Employee in Company Pay Roll				Total No of Employee engaged through Contractors				Minimum Wages
				Local	Migrant	Local	Migrant	Male	Female	Local	Migrant	Male	Female	
1.														
				Total-	Total-	Total-	Total-	Total-	Total-	Total-	Total-	Total-	Total-	
Grand Total-														