
**LABOUR, EMPLOYMENT, TRAINING & FACTORIES (LABOUR) DEPT**

**G.O.MS.No. 23**

**Dated: 24/03/2016.**

Read the following:-

1. G.O.Ms.No.4, LET&F (Lab IV ) Department, Dated: 2.2.2013.
2. From the Commissioner of Labour, Telangana, Hyderabad, Lr.No.H/5441/2015, Dated: 03.11.2015.

*****

**ORDER:**

The issue of multiplicity of Returns and Registers under various Labour Laws has always been raised by Industry Associations contending that the same has led to high compliance burden on them. It has, among other issues, been engaging the attention of Government since a long time.

2. After careful examination of the proposals in the letters 2nd to 4th read above, the Government of Telangana have decided to introduce a common periodical Return in Form–I, and Integrated Register in Form - II and Form-III together, annexed to this G.O., so as to provide immediate relief to the Industries / establishments, falling under the jurisdiction of State Government by protecting the interest of the workmen too.

3. In exercise of the powers conferred :-

1. under section 35 and section 29 of the Contract Labour (Regulation & Abolition) Act, 1970 r/w rule 78 and sub-rule (3) of rule 82 of the Telangana Contract Labour (Regulation and Abolition) Rules, 1971; and

2. under section 35 of the Inter State Migrant workers' (Regulation of Employment) Act, 1979, read with rule 44 and rule 48 of the Telangana Inter-State Migrant Workmen (Regulation of Employment and Condition of Service) Rules, 1982; and

3. under section 30 of the Minimum Wages Act. 1948, r/w rule 22 (4) (iii) of Telangana Minimum Wages Rules, 1960; and

4. under section 26 of the Payment of Wages Act, 1936 read with section 13-A and rule 5 and rule 18 of the Telangana Payment of Wages Rules,1938; and

5. under section 40 of the Motor Transport Workers Act, 1961 read with rule-36, rule-37 and rule-39 of the Motor Transport Workers Rules, 1963; and

6. under section 62 of the Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Act, 1996 read with rule 241 and rule 242 of the Telangana Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Rules, 1999; and

Contd…2..
7. under section 44 of the Beedi and Cigar Workers (Condition of Employment) Act, 1966 read with rule-32 and rule-33 of the Telangana Beedi and Cigar Workers (Conditions of Employment) Rules, 1968; and

8. under section 71 of the Telangana Shops and Establishments Act, 1988, r/w rule 29 and rule 33 of the Telangana Shops and Establishments Rules, 1990; and

9. under section 112 of the Factories Act, 1948, read with rule-100 and rule-102 (A) of the Telangana Factories Rules, 1950, the Government hereby issue the following order simplifying the procedure for furnishing of common periodical Return in Form-I and Integrated Register in Form-II and Form-III together, by an employer falling under the jurisdiction of State, as follows:

1. Annual Return in Form–I, for the financial year ending 31st March, may be prepared by an employer and furnished to the Inspector, on or before 30th April of every succeeding year, either in physical form or computer floppy, diskette or through electronic mail.

2. Integrated Register in Form-II and Form-III together, may be maintained by an employer and furnished to the Inspector on demand either in physical form or computer floppy, diskette or through electronic mail.

3. Where an employer furnishes Return in Form-I, and maintains Integrated Register in Form-II and Form-III together, nothing contained under the above Acts/Rules shall render himself liable to any penalty:

Provided that if any employer fails to furnish periodical Return for the end of the financial year 31st March, on or before 30th April, or on the date so specified under any particular Act or Rule, of the succeeding year, in Form-I to the Inspector; and also, if any employer fails to maintain and produce Integrated Register in Form-II and Form-III together, to the Inspector on demand in complete shape, he shall render himself liable to penalty under the relevant provision of law, after a due Notice is served on him giving him an opportunity:

Provided further that in either of the above cases, if the employer expresses his preparedness even during the trial of the case in a Court of Law, within a period of three months from the date of filing such Charge Sheet against him, the Inspector may compound the punishable offences, as prescribed by the Government under the relevant provision of law, from time to time, and the accused employer shall be discharged of the charges so framed against him and accordingly, he shall be set free.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

HARPREET SINGH,
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Commissioner of Labour, Telangana, Hyderabad.
The Director of Factories, Telangana, Hyderabad.
Copy to:
The Commissioner of Printing, Stationary and Stores Purchases (PW), Chanchalguda, Hyderabad, for publication in the Official Gazette and supply of 500 copies to the Commissioner of Labour, Telangana, Hyderabad, and 25 copies to the Government.
The Secretary, Industries and Commerce Department
The P.S. to Hon’ble Minister (Home and Labour)
The P.S. to Special Secretary to Chief Minister.
The P.S. to Principal Secretary to Government, LET&F Department.
SF/SC

// FORWARDED :: BY ORDER //

SECTION OFFICER
Form-I
Annual Return for the Financial Year........
(to be filed before 30th April to the inspector concerned)

1. Details of Establishment:
   (a) Name of the Establishment: ---------------------------------------------------------------
   (b) Address of the Establishment: ---------------------------------------------------------------
   (c) Establishment registered under which Act? (tick the correct option)
       (i) The Telangana Shops and Establishments Act, 1988
       (ii) The Factories Act, 1948
       (iii) The Motor Transport Workers Act, 1961
       (iv) Other (Specify) --------------------------------------------------------------------------
   (d) Name of Employer-------------------------------------------------------------------------
   (e) Address of Employer------------------------------------------------------------------------
   (f) Email of employer---------------------------------------------------------------------------
   (g) Telephone Number of employer (Office)--------- (Resi)-------
   (h) Mobile Number-----------------------------------------------------------------------------
   (i) Name and address of the Manager or person responsible for supervision and control of the establishment: --------------------------
   (j) Brief description of business/work/product: ---------------------------------------------

2. Details of Registration under Applicable Acts:
Enter details only for the Acts which are applicable:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Act (tick at appropriate Acts)</th>
<th>Registration / License No.</th>
<th>Date of issue / last renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Telangana Shops &amp; Establishments Act, 1988 / Factories Act, 1948 / Motor Transport Workers Act, 1961.</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>ii.</td>
<td>Contract Labour (R&amp;A) Act, 1970 (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>Inter-state Migrant Workmen (Regulation of Employment and Condition of Service), Act, 1979 (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Details of workers directly employed the establishment (excluding contract workers) during the financial year

(a) Average number of workers employed daily:------------------------

(b) Average number of hours worked in a day (including overtime):----------

(c) Number of man-days worked during the year:

(i) Male

(ii) Female

(iii) Adolescent

(iv) Children

TOTAL

(d) Day of weekly holiday (Tick):

(Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday).

(e) Timings of shift working:

General Shift Time from___________Hrs. To……………..Hrs.

First Shift: Time from___________Hrs. To……………..Hrs.

Second Shift: Time from___________Hrs. To……………..Hrs.

(If applicable)

Third Shift: Time from___________Hrs. To……………..Hrs.

(If applicable)

(f) Number of working days during the financial year:------------------------

4. Details of Contract Labour (if employed):

<table>
<thead>
<tr>
<th>No of Contractors engaged (1)</th>
<th>No. of Contract Labour Employed (2)</th>
<th>Total No. of days worked (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Females</td>
<td>Adolescents (between the age of 14 to 18 years)</td>
</tr>
</tbody>
</table>

5. Maximum number of persons employed in any day during the financial year.

| Males (1) | Females (2) | Adolescents (between the age of 14 to 18 years) (3) | Children (below 14 years of age) (4) | Total (5) |

6. Details of workers retired, retrenched, discharged etc. during the Financial year:

<table>
<thead>
<tr>
<th>No. of workers (1)</th>
<th>Amount of benefits paid (benefit-wise) Rs. (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired on superannuation</td>
<td>Retrenched/ Discharged / Terminated</td>
</tr>
</tbody>
</table>
7. Man-days lost during the Financial year on account of:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Reasons</th>
<th>No. of workers involved</th>
<th>No. of man-days lost</th>
<th>Loss in terms of money</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>(a)</td>
<td>Strike</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Lockout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Lay off</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Retrenchment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Fatal accidents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td>Non-fatal but serious accidents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Wages paid during the Financial year:

<table>
<thead>
<tr>
<th>Category (1)</th>
<th>Rates of Wages (2)</th>
<th>No. of Workers (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Highly Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Un-Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Whether Minimum wages GO is applicable to the establishment and if so mention the G.O. No. and Date.
b) Whether Minimum wages paid to all the workers
c) Whether equal wages paid to male and female workers
d) Whether claim applications under Minimum Wages Act are pending before the Authority
e) If so, the amount claimed in the application
   i). No. of workers filled claim application
   ii) Period of claim
9. Details of Wage Payments:

<table>
<thead>
<tr>
<th>Gross wages paid</th>
<th>Deductions</th>
<th>Net Wages paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>In cash</td>
<td>In kind</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deductions for damage or loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others (Welfare contribution etc)</td>
<td>In cash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In kind</td>
</tr>
</tbody>
</table>

10. Details of various welfare amenities provided to workers:

(1) Total number of workers in the establishment: _________________
(2) No. of workers granted Casual Leave / Sick leave / Leave with Wages / Earned Leave _________________
(3) No. of workers granted Leave with wages or paid wages in lieu of leave: _________________
(4) No. of workers who were provided ambulance facility: _________________
(5) No. of workers who availed facility of canteen: _________________
(6) No. of rest rooms: _________________

11. Payment of Bonus Act, 1965

Number of employees benefited by bonus payments during the Financial Year _________________

<table>
<thead>
<tr>
<th>Total no. of workers in the Estt.</th>
<th>Total No. of worker entitled to bonus</th>
<th>Total amount payable as bonus</th>
<th>Settlement, if any, reached</th>
<th>Percentage of bonus declared or Minimum Bonus @ 8.33% Paid</th>
<th>Total amount of bonus actually paid</th>
<th>Date on which payment made</th>
<th>Whether bonus has been paid to all the employees (Yes/No)</th>
<th>Reasons for non-payment of bonus to any employee (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
</tr>
</tbody>
</table>

12. Payment of Gratuity Act, 1972

Details of Gratuity paid to workers during the Financial Year.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of worker</th>
<th>Employme nt No.</th>
<th>Superannuation /retrenchment / Resignation</th>
<th>Period of service (years and days)</th>
<th>Last monthly wage drawn (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>
:: 5 ::

Gratuity Paid (Rs.)  Date of Payment  If not paid (Reasons)
(7)  (8)  (9)

13. Details of contribution to Labour Welfare Fund

<table>
<thead>
<tr>
<th>No. of Employees</th>
<th>Contribution paid to Labour Welfare Board (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employees Contribution</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

14. If woman worker is employed, enter following details, otherwise skip:

(A) Leave granted under Maternity Benefit Act, 1965 or ESI Act, 1948:
   (a) Total no. of female employees in the establishment: ____________
   (b) Total no. of days of leave granted: ______________________
   (c) No. of employees who availed maternity leave or other benefits from ESI __________________________

(B) Detail of medical check-up:-
   i. Name of Medical Officer who paid visit during the calendar year: ____
   ii. Qualification of Medical Officer: ______________________
   iii. Is medical officer employed by the establishment or part-time? __________
   iv. If a part time, how often does he/she pay visit to establishment?
      (mention no. of visit in a quarter): _____________________________
   v. Is there any Hospital in the establishment? (YES / NO): __________
   vi. If so, how many beds are provided?:__________________________
   vii. Is a lady Doctor engaged by the establishment on regular or part-time basis? (YES / NO): ______________________
   viii. What are her qualification?: ____________________________
   ix. Is there a qualified mid-wife in the establishment? (YES / NO): _____
   x. Has any crèche been provided? (YES / NO): __________
15. Factories Act, 1948 (If applicable, otherwise skip)

(A) Minimum number of workers employed on any day during the year: 

(B) Total number of accidents that took place during the year: 

Accident Category-I:

(i) (a) Number of accidents resulting in disablement of any worker for less than 48 hrs: 

(b) Number of workers involved in such accident: 

(c) Number of man-days lost due to such accidents: 

Accident Category-II:

(ii) (a) Number of accidents resulting in disablement of any worker beyond 48 hrs but not resulting in any permanent partial or permanent total disablement: 

(b) Number of workers involved in such accident: 

(c) Number of man-days lost on account of such accidents: 

Accident Category-III:

(iii) (a) Number of accidents resulting in permanent partial or total disablement of any worker: 

(b) Number of workers involved in such accident: 

(c) Number of man-days lost on account of such accidents: 

Accident Category-IV:

(iv) (a) Number of accidents resulting in death of any worker and the number of resultant deaths: 

(C) Details of change in management (if any):

Change, if any, in the management of the establishment, its location, or any other particulars already furnished to the Registering Officer at the time of Registration indicating also the dates:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Information furnished at the time of registration</th>
<th>Changed information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>
D) Whether Canteen Provided:

(i) whether canteen committee constituted.

(ii) Whether food items being provided on subsidized rates.

16. Details of Works Committee under Industrial Disputes Act, 1947 (if more than 100 workers are employed):

(1) Whether works committee has been functioning (YES / NO): _________
   If yes, please provide the following information:

   (a) Date of its constitution: _________________________
   (b) Number of workmen’s representatives (elected members): _________
   (c) Number of employer’s representatives (nominated members): _________
   (d) Number of meeting held during the year with dates: _______________________

(2) If the works committee had not been functioning, the difficulties encountered in its constitution / functioning:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

(3) Number of Unions in the establishment: _________________________

17. Details of Inter-state migrant workmen (if employed):

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Adolescents (between the age of 14 to 18 years)</th>
<th>Children (below 14 years of age)</th>
<th>Total</th>
<th>Total Wages paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

Digital signature/Signature of the Employer/Manager ______________________

Date ______________    Name of signatory ______________________

Place ______________    Designation in the establishment ______________________
**Form – II**

**INTEGRATED REGISTER**

(1) Details of Establishment

a. Name of the Establishment : --------------------------------- --------------------

b. Address : --------------------------------------------------------

c. Telephone no(s) : ----------------------------------------- ---------------

d. Fax no(s) : --------------------------------------------------------

e. Mobile No : --------------------------------------------------------

(2)

a. Nature of business : --------------------------------------------- ---------------------------

b. Location of work : -------------------------------------------------------------

c. Minimum Wages GO. Applicable to the unit : GO No. date

(3) Name and address of Employer/Principal Employer (in case of Contractor): ------

(4) Name of Contractor / Contractors engaged : -------------------------------------

(5) Registration / License No. and Date of Registrations / Licenses issued / Renewal under various Labour Laws (Mention Act wise details :-)

(6) No. of Workers:- Regular------------------------- (Contract) ------------------------

(i) Category Wise No. of Workers

<table>
<thead>
<tr>
<th>Permanent</th>
<th>Temporary</th>
<th>Trainee</th>
<th>Apprentice</th>
<th>Contract</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

(ii) Class Wise No. of Workers

<table>
<thead>
<tr>
<th>Highly Skilled</th>
<th>Skilled</th>
<th>Semi-Skilled</th>
<th>Unskilled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

(iii) Adolescents (14 to 18 years) : Male-------------------Female-------------------
7. Date of Cleaning / White Washing :---------------------------------------------------

8. Date of Inspection under Various Labour Laws :-----------------------------------------------

9. Inspection Team Leaders Name and Designation :-----------------------------------------------

10. Date and Time of Accident (if any) :--------------------------------------------------------

11. No. of Workers injured in the Accident (if any) :-----------------------------------------------

12. No. of Workers died in the Accident (if any) :-----------------------------------------------
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the worker (ID / Token No. if any)</th>
<th>Age/ Date of Birth</th>
<th>Address</th>
<th>Education / Skill</th>
<th>Sex (M/ F)</th>
<th>Father’s / husband’s Name</th>
<th>Name &amp; Address of nominee</th>
<th>Desig/ cegory / nature of work performed</th>
<th>Total no. of days worked</th>
<th>Category of leave</th>
<th>Leaves availed (No. of days)</th>
<th>Total Balance Leaves</th>
<th>Wage rate / pay or (piece rate / wages per unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## INTEGRATED REGISTER

<table>
<thead>
<tr>
<th>Other allowances</th>
<th>Over time worked (Number of hours in the month)</th>
<th>Amount of overtime wages</th>
<th>Any other Amount of maternity benefit (if any)</th>
<th>Total / gross Wages / Earnings</th>
<th>Amount of advances / loans, if any and purpose of advance</th>
<th>Deductions (if any)</th>
<th>Other Deductions like EPF / ESI / Welfare Fund etc. (if any)</th>
<th>Net amount payable</th>
<th>Signatures / thumb impression</th>
</tr>
</thead>
</table>

Signature of the employer / contractor _________________________________

Name of signatory _________________________________________________

**Certificate by the Principal Employer if the employer is contractor**

This is to certify that the contractor has paid wages to workmen employed by him as shown in this register in his / in the presence of his authorized representatives.

Signature of Representative of Principal employer ______________________

Name of signatory _________________________________________________

Designation in the Establishment _________________________________