## FORM. NO- XXX.

[See rule 268(2)]

| Return for the month of | Regarding the details of workers |
|-------------------------|----------------------------------|
|-------------------------|----------------------------------|

Name and Address of the Establishment:

| Sr. | No. of workers  | No. and Name's of  | No & name'/s   | No. of workers as on |
|-----|-----------------|--------------------|----------------|----------------------|
| No  | as on the close | worker's who left  | of worker's to | the close of current |
|     | of previous     | service during the | be registered  | month                |
|     | month           | month              |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |
|     |                 |                    |                |                      |

| Place: | (Signature of the Employer) |
|--------|-----------------------------|
| Date:  |                             |