

FORM-XXIV  
[See rule 82(1)]

RETURN TO BE SENT BY THE CONTRACTOR TO THE LICENSING OFFICER

Half year ending - 01-07-2014 to 31-12-2014

1. Name and address of the contractor-- M/S Capital Business System Ltd.  
G-13, Udyog Nagar, Ind. Area, N.D.

2. Name and address of establishment-- M/S Capital Business System Ltd.  
G-13, Udyog Nagar, Ind. Area, N.D.

3. Name and address of Principal Employer--TATA POWER-DDL  
33KV, Greep Sub Station  
Gulabi Bagh, Delhi-07

4. Duration of contract: From 01-07-2010 to 30-06-2015

5. Number of days during the half year on which:  
(a) The establishment of the principal employer has worked  
(b) The contractor's establishment had worked --146

6. Maximum number of contract labour employed on any day during the half year:

Man	Women	Children	Total
30	+ 10	+ 0	= 40

7. (i) Daily hours of work and spread over.  
(ii) (a) Whether weekly holiday observed and on what day -- Sunday  
(b) If so, whether it was paid for. -----Yes  
(iii) Number of man hours of overtime worked-----NIL

8. Number of man-days worked by:  
Man Women Children Total  
3918.00 + 1396.00 + 0 = 5314.00

9. Amount of wages paid:  
Man Women Children Total  
1742337.00+622063.00+ 0 = 2364400.00

10. Amount of deductions from wages, if any:  
Man Women Children Total  
178091.00 + 63528.00 + 0 = 241619.00

11. Whether the following have been provided: (  
i) Canteen \_\_\_\_\_ YES  
(ii) Rest rooms \_\_\_\_\_ YES  
(iii) Drinking Water \_\_\_\_\_ YES  
(iv) Crèches \_\_\_\_\_ NO  
(v) First aid \_\_\_\_\_ YES  
(If the answer if "Yes" state briefly standards provided)

Place :-- New Delhi  
Signature of Contractor

CAPITAL BUSINESS SYSTEMS LTD.

Authorized Signatory

