## FORM XXIV

[See Rule 82(1)]
Return to be sent by the Contractor to the Licensing Officer

	Half-Year-Fodin	ng DEC. 2016
1.	Name and address of the Contractor 51	DRYAMSH CONTRACTE THEIR POTLED
2.	Name and address of the establishment	-55)1. G.F. DUGGAL COLONY, KHAMPUR, NEW DELINI-44
3.	Name and address of the Principal employer	BIH LTD. ETHE QBERGIJ DR. LAKIR MUSSAM MARG, NEW DEUN-11-12
4.	Duration of Contract: Fromto	27-04-2016 To 26-04-2017
5.	(a) the establishment of the Principal employer had worked	126 DAYS
	(b) the contractor's establishment had worked	97 DAYS
6.	loyed on any day during the half year:  Men Women Children Total	TATAL 20 MEN ANLY
7.	30 0 0 39	
	(i) Daily hours of work and spread over- (ii) (a) whether weekly holiday observed and on what day-	Doropop-No-
	(b) If so, whether it was paid for- (iii) No. of man-hours of overtime worked	- N.A -
8.	Number of man-days worked by-	
	Men Women Children Total	TOTAL 97 MARIDAYS
9.	Amount of wages paid- Men Women Children Total	Ps. 8.87,692/-
0.	Amount of deduction from wages, if any-	
	Men Women Children Total	- MIL -
1.	(i) Canteen	7
	(ii) Rest-Room (iii) Drinking water	ALL PROMOBOBY PRINCIPAL EMPLOYER
	(iv) Creches	
	(If the answer is 'yes' s	fate briefly standards provided)
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	And the second s	

Place N 620 D 5 M 1

Date 20-01-2017

Signature of Contractor
ANDY. SIAMATTRY
(BASANT KUMAR)