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| |  |  | | --- | --- | |  | | | **Form L** [See rule 16] | | | ANNUAL RETURN FOR THE YEAR ENDING ON THE 31ST DECEMBER ... | | | 1. | Name of 1[the mine or circus] | | 2. | Situation of 1[the mine or circus]   |  | | --- | | Mauza | | District | | State | | Nearest Railway Station | | | 3. | Date of opening of 1[the mine or circus] | | 4. | Date of closing, if closed. | | 5. | Postal address of 1[the mine or circus] | | 6. | Name of employer. | |  | Postal address of managing agent. | | 7. | Name of managing agent, if any. | |  | Postal address of managing agent. | | 8. | Name of Agent or representative of employer. | |  | Postal address of representative of employer. | | 9. | Name of Manager | |  | Postal address of manager | | 10. | |  |  | | --- | --- | | (a) | Name of medical officer, attached to 1[the mine or circus] | | (b) | Qualification of medical officer attached to 1[the mine or circus] | | (c) | Is he resident at 1[the mine or circus]? | | (d) | If a part-time employee, how often does he pay visits to 1[the mine or circus] | | | 11. | |  |  | | --- | --- | | (a) | Is there any hospital at 1[the mine or circus]? | | (b) | If so, how many beds are provided for women employees? | | (c) | Is there a lady doctor? | | (d) | If so, what are her qualifications? | | (e) | Is there a qualified midwife? | | (f) | Has any crèche been provided? | | |  | |  |  | | --- | --- | | Date.... | Signature of Employer | | | |
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| 1. Subs. by G.S.R. 59(E), dated 27th February, 1975 (w.e.f. 1-3-1975).  2. Omitted by G.S.R. 49, dated 4th January, 1988 (w.e.f. 16-1-1988).  3. Subs. by G.S.R. 64, dated 4th February, 1992 (w.e.f. 15-2-1992). | |