
Be it enacted by Parliament in the Sixty-fifth Year of the Republic of India as follows:

1. (1) This Act may be called the Labour Laws (Exemption from Furnishing Returns and Maintaining Registers by certain Establishments) Amendment Act, 2014.

(2) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

2. In the Labour Laws (Exemption from Furnishing Returns and Maintaining Registers by certain Establishments) Act, 1988 (hereinafter referred to as the principal Act),
for the long title, the following long title shall be substituted, namely:—

"An Act to provide for the simplification of procedure for furnishing returns and maintaining registers in relation to establishments employing a small number of persons under certain labour laws."

3. In section 1 of the principal Act, in sub-section (1), for the words “Exemption from”, the words “Simplification of Procedure for” shall be substituted.

4. In section 2 of the principal Act, in clause (e), for the word “nineteen”, the word “forty” shall be substituted.

5. For section 4 of the principal Act, the following section shall be substituted, namely:—

"4. (1) Notwithstanding anything contained in a Scheduled Act, on and from the commencement of the Labour Laws (Exemption from Furnishing Returns and Maintaining Registers by certain Establishments) Amendment Act, 2014, it shall not be necessary for an employer in relation to any small establishment or very small establishment to which a Scheduled Act applies, to furnish the returns or to maintain the registers required to be furnished or maintained under that Scheduled Act:

Provided that such employer—

(a) furnishes, in lieu of such returns, annual return in Form I; and
(b) maintains, in lieu of such registers,—

(i) registers in Form II and Form III, in the case of small establishments, and
(ii) a register in Form III, in the case of very small establishments,

at the work spot:

Provided further that every such employer shall continue to—

(a) issue wage slips in the Form prescribed in the Minimum Wages (Central) Rules, 1950 made under sections 18 and 30 of the Minimum Wages Act, 1948 and slips relating to measurement of the amount of work done by piece-rated workers required to be issued under the Payment of Wages (Mines) Rules, 1956 made under sections 13A and 26 of the Payment of Wages Act, 1936; and

(b) file returns relating to accidents under sections 88 and 88A of the Factories Act, 1948 and sections 32A and 32B of the Plantations Labour Act, 1951.

(2) The annual return in Form I and the registers in Forms II and III and wage slips, wage books and other records, as provided in sub-section (1), may be maintained by an employer either in physical form or on a computer, computer floppy, diskette or other electronic media:

Provided that in case of computer, computer floppy, diskette or other electronic form, a printout of such returns, registers, books and records or a portion thereof is made available to the Inspector on demand.

(3) The employer or the person responsible to furnish the annual return in Form I may furnish it to the Inspector or any other authority prescribed under the Scheduled Acts either in physical form or through electronic mail if the Inspector or the authority has the facility to receive such electronic mail.

(4) Save as provided in sub-section (1), all other provisions of a Scheduled Act, including, in particular, the inspection of the registers by, and furnishing of their
copies to, the authorities under that Act, shall apply to the returns and registers required to be furnished or maintained under this Act as they apply to the returns and registers under that Scheduled Act.

(5) Where an employer in respect of an establishment referred to in sub-section (1), to whom a Scheduled Act applies, furnishes returns or maintains the registers as provided in the proviso to sub-section (1), nothing contained in that Scheduled Act shall render him liable to any penalty for his failure to furnish any return or to maintain any register under that Scheduled Act."

6. For the First Schedule and Second Schedule to the principal Act, the following Schedules shall be substituted, namely:—

"THE FIRST SCHEDULE

[See section 2(d)]

1. The Payment of Wages Act, 1936 (4 of 1936).
13. The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 (30 of 1979).

THE SECOND SCHEDULE

[See section 2 (c)]

FORM I

[See section 4 (J)]

ANNUAL RETURN

(To be furnished to the Inspector or the authority specified for this purpose under the respective Scheduled Act before the 30th April of the following year)

(ending 31st March______________________)

1. Name of the establishment, its postal address, telephone number, FAX number, e-mail address and location________________________________________
2. Name and postal address of the employer ________________________________
   ______________________________________________________________

3. Name and address of principal employer, if the employer is a contractor ________
   ______________________________________________________________

4. Name of the Manager responsible for supervision and control ____________________
   (i) Name of business, industry, trade or occupation carried on by the employer—
   ______________________________________________________________
   (ii) Date of commencement of the business, industry, trade or occupation________
   ______________________________________________________________

5. Employer’s number under ESI/EPF/Welfare Fund/PAN No., if any ________________

6. Maximum number of workers employed on any day during the year to which this return
   relates to:
   Category       Highly Skilled       Skilled       Semi-skilled       Un-skilled
   Male
   Female
   Children (those
   who have not
   completed 18 years
   of age)
   Total

7. Average number of workers employed during the year:

8. Total number of mandays worked during the year:

9. Number of workers during the year:
   (a) Retrenched : 
   (b) Resigned : 
   (c) Terminated : 

10. Retrenchment compensation and terminal benefits paid (provide information completely
     in respect of each worker) ____________________________________________
     ______________________________________________________________

11. Mandays lost during the year on account of—
   (a) Strike : 
   (b) Lockout : 
   (c) Fatal accident : 
   (d) Non-fatal accidents :

12. Reasons for strike or lockout :

13. Total wages paid (wages and overtime to be shown separately):

14. Total amount of deductions from wages made : 

15. Number of accidents during the years:

<table>
<thead>
<tr>
<th>Fatal</th>
<th>Non-fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported to Inspector of Factories/Dock Safety</td>
<td>Reported to Employees’ State Insurance Corporation</td>
</tr>
<tr>
<td>Reported to</td>
<td>Reported to</td>
</tr>
<tr>
<td>Inspector of Factories/Dock Safety</td>
<td>Employees’ State Insurance Corporation</td>
</tr>
</tbody>
</table>

16. Compensation paid under the Workmen’s Compensation Act, 1923 (8 of 1923) during the year:

(i) Fatal accidents :

(ii) Non-fatal accidents :

17. Bonus:

(a) Number of employees eligible for bonus :

(b) Percentage of bonus declared and number of employees who were paid bonus:

(c) Amount payable as bonus :

(d) Total amount of bonus actually paid and date of payment :

Signature of the Manager/Employer with full name in capital letters.

ANNEXURE I*

<table>
<thead>
<tr>
<th>Name and address of the contractor</th>
<th>Period of contract From to</th>
<th>Nature of work</th>
<th>Maximum number of workers employed by each contractor</th>
<th>Number of days worked</th>
<th>Number of mandays worked</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>

ANNEXURE II

(See Item No. 6)

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Name of the employee/worker</th>
<th>Date of employment</th>
<th>Permanent address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*Delete, if not applicable.
FORM II

[See section 4(1)]

REGISTER OF PERSONS EMPLOYED-CUM-EMPLOYMENT CARD

Name of the establishment, address, telephone number, FAX number and e-mail address

______________________________________________________________________________

Location of work______________________________________________________________

Name and address of principal employer if the employer is a contractor______________

______________________________________________________________________________

1. Name of workman/employee__________________________________________________
2. Father’s/Husband’s name____________________________________________________
3. Address:
   (i) Present_______________________________________________________________
   (ii) Permanent___________________________________________________________
4. Name and address of the nominee/next of kin__________________________________
5. Designation/Category_______________________________________________________
6. Date of Birth/Age___________________________________________________________
7. Educational qualifications___________________________________________________
8. Date of entry_______________________________________________________________
9. Worker’s ID No./ESI/EPF/L.W.F. No._________________________________________
10. If the employed person is below 14 years, whether a certificate of age is maintained _________________________________________________________________
11. Sex: Male or Female________________________________________________________
12. Nationality_______________________________________________________________
13. Date of termination of employment with reason________________________________

______________________________________________________________________________

14. Signature/thumb impression of worker/employee_______________________________
15. Signature of the employer/Authorised officer with designation___________________

______________________________________________________________________________

Signature of the contractor/authorised representative of the principal employer.
**FORM III**

See section 4 (J)

**MUSTER ROLL-CUM-WAGE REGISTER**

Name of the establishment and address ______________________________________________________

Location of work ________________________________________________________________________

Name and address of employer _____________________________________________________________

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Name of the worker (ID No. if any) and father’s/husband’s name</th>
<th>Designation/category/nature of work performed</th>
<th>Attendance (Dates of the month, 1, 2, ... to 31)</th>
<th>Leave due (Earned leave and other kind of admissible leave)</th>
<th>Leave availed (specify)</th>
<th>Wage rate/pay or piece rate/wages per unit</th>
<th>Other allowances, e.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(a) Dearsness Allowance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(b) House Rent Allowance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(c) Night Allowances</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(d) Displacement Allowance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(e) Outward Journey Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtime worked number of hours in the month</td>
<td>Amount of overtime wages</td>
<td>Amount of advance and purpose of advance</td>
<td>Total/gross earnings</td>
<td>Deduction e.g.</td>
<td>Net amount payable (12-13)</td>
<td>Signature/receipt of wages/allowances for column number 14</td>
<td>Remarks</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature of principal employer/authorised representative of principal employer.

__________________________

DR. SANJAY SINGH,

*Secretary to the Govt. of India.*

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