

FORM XXIV

[See Rule 82(1)]

Return to be sent by the Contractor to the Licensing Officer
Half-Year-Ending on 31.12.2021

1	Name and address of the Contractor		M/s. ABSOLUTE FACILITIES PVT LTD., H.NO.52A, GARHWALI MOHALLA, GALI NO.1, LALITA PARK, LAXMI NAGAR, DELHI-110092	
2	Name and address of the establishment		M/s. ABSOLUTE FACILITIES PVT LTD., H.NO.52A, GARHWALI MOHALLA, GALI NO.1, LALITA PARK, LAXMI NAGAR, DELHI-110092	
3	Name and address of the Principal Employer		M/s APOLLO PHARMACIES LIMITED, E-18, B-1, MOHAN COOPRATIVE INDUSTRIAL AREA, NEW DELHI-110044	
4	Duration of Contract:		01.04.2021 to 31.03.2022	
5	No. of days during half year on which-			
	(a)	The establishment of the Principal employer worked	0	
	(b)	The contractor's establishment had worked	184	
6	Maximum number of contract labour employed on any day during the half year.			
	Men	Women	Children	Total
	45	0	0	45
7	(i) Daily hours of work and spread over- GENERAL SHIFT			
	(ii)	(a)	whether weekly holiday observed and on what day	
		(b)	If so, whether it was paid for- Yes	
	(iii)	No. of man-hours of overtime worked		-
8	Number of man-days worked by-			
	Men	Women	Children	Total
	5598	0	0	5598
9	Amount of wages paid-			
	Men	Women	Children	Total
	3004410	0	0	3004410
10	Amount of deduction from wages, if any-			
	Men	Women	Children	Total
	438148	0	0	438148
11	Whether the following have been provided-			
	(i)	Canteen	NO	
	(ii)	Rest-Room	NO	
	(iii)	Drinking water	YES, (As per Standard	
	(iv)	Creches	NO	
	(v)		YES, (As per Standard	
	(If the answer is 'yes' state briefly standards provided) :- All facilities are provided to our workers as per rule & regulations & their requirements.			
	Place ...NEW DELHI			
	Date ...			

For Absolute Facilities Pvt. Ltd.

SIGNATURE OF
CONTRACTOR

Director