Form – R (See rule 27) ANNUAL RETURN

(for the year ending as 31st December 2024)

| | (for the year ending | as 51st December 2024) | |
|----|--|---|-----------------|
| 1 | Name of the Establishment | | Private Limited |
| 2 | Name of the Director | Mr. Kailash Trehan | · |
| 3 | Name of the Manager | Mr. Kailash Trehan | |
| 4 | Total number of Workers | Men | Women |
| | Workers | 8 (Eight) | 12 (Twelve) |
| | Contract Labour | NIL | NIL |
| | Causal | NIL | NIL |
| | Part Time | NIL | NIL |
| | Others | NIL. | NIL |
| | Total | 8 (Eight) | 12 (Twelve) |
| 5 | Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent? | Yes | |
| 6 | Nature of Business | Trading | |
| 7 | Registration number Date of Validity of the Registration | | |
| | Certificate | 820331864/KE WARD/COMMERCIAL II | |
| 8 | Number of shift Average number of persons engaged shift wise | Only One Shift - 9.30 a.m. to 5.30 p.m. | |
| 9 | Whether notice of shift is displayed and copy sent to the | Net Assistants | |
| | Facilitator? | Not Applicable | |
| 10 | Number of women workers engaged during the year (if | 11 | |
| | applicable) | 12 (Twelve) | |
| | Number of women workers engaged in night shift | NIL NIL | |
| 11 | Whether consent letter from women workers working in night | Not Applicable | |
| | shift is obtained? (if applicable) | Not Applicable | |
| 12 | Whether notice showing the weekly holiday of each worker is displayed? | Yes | |
| 13 | displayed | | N |
| | Whether committee under the Sexual Harassment of Women | | |
| | at Workplace (Prevention, Prohibition and Redressal) Act, 2013 | Yes | |
| | (14 of 2013) is constituted ? (if applicable) | | |
| | Name of the Chairman of the Committee | Ms. Hiroko Fukuda | |
| 14 | Whether police verification of all the drivers and staff engaged | IVIS. I III O | NO FUNUGA |
| | in transportation of women workers is obtained? (if | Not Applicable | |
| | applicable) | Not Applicable | |
| 15 | Is identity card issued to all workers? | Yes | |
| | Is leave book maintained ? | Yes | |
| | | 163 | |
| | Whether Committee for Health, Safety and Welfare is constituted ? (if applicable) | Not Applicable | |
| 18 | Whether all safety measures as per the directions of fire officer | | |
| | / department of local authority or Fire Briged or any such | Yes | |
| | authority are observed? | · ' | |
| 19 | Whether First aid box is maintained? | , | /es |
| | Whether the following welfare facilities are provided | , | 1 € 3 |
| 20 | (wherever applicable) | | |
| | (a) sufficient number of laterines and urinals | | |
| | (b) Creche | No+ A | onlicable |
| | (c) Canteen | Not Applicable | |
| 21 | Whether all the records and registers are maintained and | | |
| | required notices are displayed. | | /es |
| | Any application for compounding of an offence is made during | | |
| | the year? if yes, | | No |
| | Date of application | Not Applicable | |
| | Date of disposal | Not Applicable Not Applicable | |
| | Amount of fees deposited | Not Applicable Not Applicable | |
| | | NOT A | opiicabie |
| 23 | Number of accident occurred in the establishment during the | | |
| 23 | Number of accident occurred in the establishment during the | | MII |
| 23 | year | | NIL |
| 23 | | | NIL NIL |

Declaration

I, Mr. Kailash Trehan hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I am aware that if any information submitted by me turns out to be false or not true or incorrect, I shall be liable for legal action under the concerned Law.

Date: 9th January, 2025

Place : Mumbai

Signature of Employer.