

Form - 'R'  
(See rule 27)  
ANNUAL RETURN

(For the year ending 31st December 2020 for Kothrud location)

1	Name of the Establishment	Offshore Accounting and Taxation Services Private Limited	
2	Name of the Owner / Partner / Occupier / Director / Authorised Person	Mr. Prittam Jatanraj Jain (Director)	
3	Name of the Manager	Mr. Prittam Jatanraj Jain	
4	Total number of Workers	MEN	WOMEN
	Workers	20	16
	Contract Labour	0	0
	Causal	0	0
	Part Time	0	0
	Others(disabled employee)	0	0
	Total	20	16
5	Whether the notice showing the details of persons engaged in confidential, managerial supervisory capacity is sent?	YES	
6	Nature of Business	Computerised Accounting and Professional Work	
7	Registration number	1831000311810343	
	Date of Validity of the Registration Certificate	04/05/2023	
8	Average number of persons engaged shift wise	One General Shift	
9	Whether notice of shift is displayed and copy sent to the Facilitator?	Not Applicable	
10	Number of women workers engaged during the year (if applicable)	16	
	Number of women workers engaged in night shift	0	
11	Whether consent letter from women workers working in night shift is obtained? (if applicable)	Not Applicable	
12	Whether notice showing the weekly holiday of each worker is displayed?	YES	
13	Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013) is constituted ? (if applicable)	YES	
	Name of the Chairman of the Committee	Mrs. Rina Karote	
14	Whether police varification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable)	Not Applicable	
15	Is identity card issued to all workers?	YES	
16	Is leave book maintained?	YES	
17	Whether Committee for Health, Safety and	Not Applicable	

Welfare is constituted? (if applicable)

18 Whether all safety measures as per the directions of fire officer / department of local authority or Fire Bridged or any such authority are observed? YES

19 Whether First aid box is maintained? YES

20 Whether the following welfare facilities are provided (wherever applicable)  
a) sufficient number of latrines and urinals YES

b) Creche Not Applicable

(c) Canteen Not Applicable

21 Whether all the records and registers are maintained and required notices are displayed. YES

22 Any application for compounding of an offence is made during the year ?  
if yes,  
Date of application  
Date of disposal  
Amount of fees deposited NO

23 Number of accident occured in the establishment during the year  
Number of workers injured  
Amount of compensation paid  
NIL  
NIL  
NIL

24 Is the name board displayed in Marathi. YES

### Declaration

I Mr. Pritam Jain 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:

Place:

*Pritam Jain*

Signature of Employer.

