



Form – 'R'
(See rule 27)
ANNUAL RETURN
(For the year ending 31st December 2019)

1	Name of the Establishment	Alliance Française de Poona	
2	Name of the Owner / Partner / Occupier / Director / Authorised Person	President : Prof. Surekha Kher	
3	Name of the Manager	Administrator : Ms. Swati Dravid	
4	Total number of Workers (as on 31.12.2019)	MEN	WOMEN
	Workers	2	8
	Contract Labour	0	0
	Causal	0	0
	Part Time	0	3
	Others(diabled employee)	0	0
	Total	2	11
5	Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent?	YES (Form 'T' & 'U')	
6	Nature of Business	Teaching & Translation of French Language	
7	Registration number	1931000313308060	
	Date of Validity of the Registration Certificate	13.08.2020	
8	Number of shift	1 No. - General shift	
	Average number of persons engaged shift wise	13 persons in 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)	11 nos of women	
	Number of women workers engaged in night shift	Not Applicable	



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) Name of the Chairman of the Committee	YES Dr. Mrs. Nicola Pawar
14	Whether police verification 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 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 Brigade 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 laterines 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 Not Applicable Not Applicable 0
23	Number of accident occurred in the establishment during the year Number of workers injured Amount of compensation paid	0 0 0
24	Is the name board displayed in Marathi.	YES

Declaration

I, **Prof. Surekha Kher, President, Alliance Française de Poona** hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I /we am/are 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: 31.1.2020

Place: Pune



Signature of Employer.