

## FORM No. 9

MONTHLY RETURNS TO BE SUBMITTED BY THE EMPLOYER

The Kerala Abkari Workers Welfare Fund Scheme, 1990

(See Para 30)

Name of Establishment :

Sl. No.	Name, address and Register No. of the employee	Wages paid Basic D.A. other allowances	Total	Amount of Contribution	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

ace:

ite:

Signature of the Employer or  
the authorised person.