FORM E

[See Section 4 (i) Proviso (b) (ii)] Monthly Register of muster roll-cum-wages required to be maintained by very small establishments

Wag	e Perio	d			r (wh	ere differe	ent)							Montl	h
Nam Natu	e of er ire of \	mplo Vork	yee			Father's Name Rate of Wages Date of Employment									
Date	Hours of Work From To		Interval Rest and From			Hours worked with the employer		Over Hours Worked		time Wages Earned		Casual or sickness lea availed during the mo / wage period			
1	2 3		4	4		6		7		8			9		
15/															Ì
L	Privilege Leave Leav due availe		Ralan		200	Signature of the employer	Remar of the employ	Salar		c Ty	Remu Over Time	Other Allowance if any		Total	
	10	10 11		12		13	14		15		16	17		18	3
	_\	z.	Y	Ţ									1	Ť	I
		1	[Deduc	ctions							1		- 7	
a	Fines and deductions on account of damage or loss by neglect or default		Other deductions		Adv Date	Amount		Net Amount of Payment		Date of Payment		Signature or thumb impression of the employee		Signature of Inspector with remarks, if any, and date	
	19		20	20		22	23	24		25		26		27	
Note colur	mns to					be filled									ning

Place:

Signature of the employee with full name in capitals