

FORM D

[See Section 4(i) Proviso (b) (i) and (ii)]

Monthly Register showing Welfare Amenities to be maintained by small establishments and very small establishments

Name and Address of the Employer

Address of the Establishment:
Local / Permanent

For the month of

SL. No.	Name of the Employee	Sex	Designation	Weekly day of rest	Dates of holidays for festivals or similar other occasions
1	2	3	4	5	6

Number of Casual leave availed by the employee	Quantum of annual leave with wages		Whether Welfare Amenities provided for		
	Due	Availed	Rest Room	Drinking Water	First Aid
7	8	9	10	11	12

Whether Scheduled Caste / Scheduled Tribe, Handicapped, or any other particular category	Signature of the employee or his agent	Remarks of the Inspecting Officer	Signature of Inspector with date
13	14	15	16

Note: To be completed within seven days of the expiry of each calendar month.

Date:

Place:

Signature of the Employer with full name in Capitals.