

FORM - IX

{ See sub-rule 2(a) of rule 22 }

NOTICE OF DAILY HOURS OF WORK, REST INTERVAL, WEEKLY HOLIDAY, ETC.

Name and full address of the Establishment :														Date of Payment of Wages:	
Name of the Employer/Contractor/ Managing Director/Managing Partner/or Authorised Person with full Residential Address.															
Part-I														Part-II	
														Rates of Wages	
														Max	Min
SI No	Name of the Person Employed.	Sex	Father's/Husband's name	Designation	Employee's Number	Date of entry into Service	Adult/Adolescent/Child	Shift Number	Time of Commencement of Work	Rest Interval	Time which work ends	Weekly Holiday	Class of Workers		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

N.B: If shifts are not available mention as "General".

Signature of the Employer/Contractor/Managing Director/
Managing Partner/Manager/Authorised Person.
(Name in Capitals)