

[Form 12]

(Prescribed under Rule 94)

Overtime Slip

- 1. Name of the worker
 - 2. Father's Name
 - 3. Token No.
 - 4. Date
 - 5. Time of starting of over time
 - 6. Time of completion of overtime
 - 7. Brief description of work on
overtime
- Date.....

Signature
(Manager or his Nominee)