Form 10

(Prescribed under Rule 93)

Register of Compensatory Holidays

Serial No.	Number in the register of works	Name and father's name	Group or Relay No.	No. and date of exempting order
(1)	(2)	(3)	(4)	(5)

Weekly rest days lost due to the exempting order in

Year	January to March	April to June	July to Septembe r	October to December
(6)	(7)	(8)	(9)	(10)

Dates o	f comper	Lost rest			
Januar y to March	April to June	July to Septembe r	October to December	days carried to the next year	Remarks
(11)	(12)	(13)	(14)	(15)	(16)