FORM NO. 10

(Prescribed under Rule 85)

Overtime Muster Roll for Exempted worker

Month ending_____

No. Register	Name	Department	Date of which overtime has been worked	Extent of overtime on each occasion	Total overtime worked or production in case of piece worker	Normal hours	Normal rate of pay	Overtime rate of pay	Normal earning	Overtime earning	Cash equivalent of advantage accuring through the concessional sales of foodgrains and other articles	Total earning	Dates on which overtime payments made