Tamil Nadu Shops And Establishments Rules FORM S

See sub rule (4) of Rule 18

Notice of Daily Hours of Work, Rest Interval, Weekly Holiday, etc/

Name and Full Address of Establishment	Date of Payment of Wages			
Name of the Employer/Contractor/Managing Director/Managing Partner/Authorised person with full residential address				

SI. No.	Name of the person employed	Sex	Father's/Husband's Name	Designation	Employee Number	Date of entry into service	Adult/ Adoloscent/ Child
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Shift Number	Time of Commencement of Work	Rest Interval	Time which work ends	Weekly Holiday	Class of Workers	Rates of Wages: Max	Rates of Wages: min
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Signature of the Employer/Contractor/Managing Director/Managing Partner/Authorised person

Name in Capitals

N.B. If shifts are not available, mention as general.