

FORM R
[See Rule 24-B 9(1)]

1	Name and address of the Establishment:				
2	Name and address of the Employer/Director :				
3	Postal address for communication:				
4	Total number of employees				
a	Men				
b	Women				
c	Total				
5	Particulars of Women Employees who are willing nto work during night shifts				
Sl. No	Name and residential address of the Women employee	Nature of work	Mode of transportation provided	Whether security will be provided at work place	Remarks
6	Any other information employer may also wish to furnish.				

Place
Date

Signature of the Employer