FORM VI
[See Rule 29(2)]

Wage Slips

Name of the establishment :

Place :

Name of the worker	Wage-period	Minimum rates of wages payable	Dates on which overtime worked	Gross wages payable	Deductions, if any	Actual wages paid	Signature of the employee
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*