FORM L [See rule 20 (1)] REGISTERS OF EMPLOYEES (ATTENDENCE, OVER TIME AND WAGES)

month	1	Name of the Establishment:	
3 Father's/Husband's name: 4 Age: 5 Address of the employee: 6 Nature of employment: 7 Rate of wages (whether daily/monthly rated): 8 Wage period: 9 Date of appointment: 10 Date of discharge: 1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals From		month Year	
A Age:	2	Name of the employee:	
5 Address of the employee: 6 Nature of employment: 7 Rate of wages (whether daily/monthly rated): 8 Wage period: 9 Date of discharge: 1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals 4. Rest intervals From	3	Father's/Husband's name:	
Nature of employment:	4	Age:	
7 Rate of wages (whether daily/monthly rated): 8 Wage period: 9 Date of appointment: 10 Date of discharge: 1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals From	5	Address of the employee:	
3 Wage period:	6	Nature of employment:	
Date of appointment: 10 Date of discharge: 1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals From	7	Rate of wages (whether daily/monthly rated):	
1. Date of discharge: 1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. From	8	Wage period:	
1. Date: 2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals From	9	Date of appointment:	
2. Time at which employment commenced: 3. Time at which employment ceased: 4. Rest intervals From	10	Date of discharge:	
3. Time at which employment ceased: 4. Rest intervals From To		1. Date:	
3. Time at which employment ceased: 4. Rest intervals From To			
4. Rest intervals From		3. Time at which employment ceased:	
5. Over time worked, if any: 6. Advance: Amount Date 7. Net amount due. 8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 4 4 5 6 6 7 7 8 8 9 9 10 10 11 12 12 13 14 15 16 17 18 19 20 21 22 23 24 24 25 26 27 28 29 30		4. Rest intervals	
6. Advance: Amount Date 7. Net amount due. 8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 4 4 5 6 6 7 7 8 9 9 10 11 12 13 13 14 15 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30			
Amount Date 7. Net amount due. 8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 4 5 6 7 8 9 9 10 10 11 12 12 13 14 15 16 17 18 19 20 21 20 21 22 23 24 24 25 26 27 28 28 29 30			
Date 7. Net amount due. 8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30			
7. Net amount due. 8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 4 4 5 6 7 8 9 9 10 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
8. Signature of thumb impression of the employee. 9. Signature of thumb impression of the employer. 1 2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
9. Signature of thumb impression of the employer. 1 2 3 3 4 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20 21 21 22 23 24 24 25 26 27 28 29 30			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
2 3 4 5 5 6 7 8 9 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
4 5 5 6 6 7 7 8 8 9 9 9 10 10 11 11 12 13 13 14 15 16 16 17 18 18 19 20 21 22 23 24 25 26 27 28 29 30			
5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
6 7 8 9 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
10 11 12 13 14 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30		8	
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		9	
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		10	
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		11	
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		12	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		13	
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
17 18 19 20 21 22 23 24 25 26 27 28 29 30			
18 19 20 21 22 23 24 25 26 27 28 29 30			
19 20 21 22 23 24 25 26 27 28 29 30		- 2	
20 21 22 23 24 25 26 27 28 29 30			
21 22 23 24 25 26 27 28 29 30			
22 23 24 25 26 27 28 29			
23 24 25 26 27 28 29 30			
24 25 26 27 28 29 30			
25 26 27 28 29 30			
26 27 28 29 30			
27 28 29 30			
29 30			
30		28	
		29	
31		30	
		31	

I have today in the presence of witness testify herewith received the amount of Rs as
specified against my name under Col. No.7 above
witness 1
2

Dated: