

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

1	Name of the Establishment: month..... Year	
2	Name of the employee:	
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 To	
	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.	
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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:

Signature or thumb impression of the employee