

FORM M

See Rule 30

Pay Register

Name of shop/establishment _____

Address in full _____

Name of employer/shop-keeper _____

Registration No. _____

Day/week/month (in accordance with mode of payment) and year.

Name of person employed	Rate of wages (per month, week or day)	Additional wages for overtime	Deduction, if any, and reasons therefor	Total amount paid as wages	Signature of the persons employed	Remarks

This is to certify that I have today in the presence of witness testifying herewith paid the amount of Rs. _____
_____ in wages to the persons employed by me and that each
employee has received from me the amount due as specified against his name above.

Signature of shop-keeper/employer.

Witness

1. _____

2. _____

Note:--When the payment is made by money order the fact may be stated in the remarks column.