

FORM E

[See Section 4 (i) Proviso (b) (ii)]

Monthly Register of muster roll-cum-wages required to be maintained by very small establishments

Year.....Month...
.....

Wage Period..... or (where different).....

Name of establishment _____
 Name of employee _____ Father's Name _____
 Nature of Work _____ Rate of Wages _____
 Wage Period _____ Date of Employment _____

Date	Hours of Work		Interval for Rest and Meal		Hours worked with the employer	Overtime		Casual or sickness leave availed during the month / wage period
	From	To	From	To		Hours Worked	Wages Earned	
1	2	3	4	5	6	7	8	9

Privilege Leave			Signature of the employer	Remarks of the employer	Remuneration Due			
Leave due	Leave availed	Balance			Basic Salary or wage	Over Time	Other Allowances, if any	Total
10	11	12	13	14	15	16	17	18

Deductions					Net Amount of Payment	Date of Payment	Signature or thumb impression of the employee	Signature of Inspector with remarks, if any, and date
Fines and deductions on account of damage or loss by neglect or default	Other deductions	Advance paid, if any						
		Date	Amount	Total	24	25	26	27
19	20	21	22	23	24	25	26	27

Note: Columns 1 to 12 to be filled up on each working day and the remaining columns to be completed within seven days of the expiry of the wage period.

Date:

Place: Signature of the employee with full name in capitals