**Form E**

**[See Sec. 4(L) Proviso (B) (II)**

**Monthly Register Of Muster Roll-Cum-Wages Required To Be**

**Maintained By Very Small Establishments**

Year……………

Month or………

Wage period…….

(Where different……

Name of establishment…………………….

Name of employee………………………. Father’ 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 | | From | To | From | To |  | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overtime | | Casual or sicknees leave availed during the month/ wage period | Privilege leave | | |
| Hours worked | Wages earned |  | Leave due | Leave availed | Balance |
| 7 | 8 | 9 | 10 | 11 | 12 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature of them employer | Remarks of the employer | |  |  |  |  | | --- | --- | --- | --- | | Remuneration | | | | | Basic salary or wage | Overtime allowances, if any | Other | Total | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Deductions | | | | |
| Fines and deductions on account of damage or loss by neglect or default | Other deductions | |  |  |  | | --- | --- | --- | | Advance paid if any | | | | Date | Amount | Total | | | |
| 19 | 20 | 21 | 22 | 23 |

|  |  |  |  |
| --- | --- | --- | --- |
| Net Amount of payment | Date of payment | Signature or thumb impression of the employee | Signature of Inspector with remarks, if any, and date. |
| 24 | 25 | 26 | 27 |

**NOTE** : Columns 1 to 12 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 employer with full name in capitals.