**Form XVII**

**[See Rule 52 (2) (A)]**

**Muster Roll**

Name and address of Contractor.

Nature and location of work.

Name and address of establishment in/under which inter-State migrant workmen are employed.

Name and address of Principal Employer.

For the month of.................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Serial number | Name of Migrant workman | Father’s/Husbands name | Sex | Dates | Remarks |
|  |  |  |  |  |  |