**Form V**

**Register Of Wages**

**(See Rule 6)**

Name of Establishment…………….. Name and address of employer………..

Location……………………………

Post Office………………………… Wage period from………to……………..

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |  | | |  | Total |
| SI. No | Name  of employed person | Desi  Gna-tion | Father  ’s/ Husb-  and’s name | Total atten-  dance No.of | Basic | D.A | Other allow-  ance | Bas-ic | D.A | Ove-r  time | Other allow-  ance |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Deduction from wages on account of | | | | | | | | | |
| Fin-es | Dana-ge or loss | Loss caused to the employer by neglect or default of employed person | Amen-ities/ Services/ House Rent | Provid-ent Fund/ Income-tax/ Postal insurance/ Co-operative Societies | Other deduc-tions | Total de-  Ductio-ns | Net am-  ount pa-  yable | Acquitt-ance  with date | Remarks |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |