**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 | DesiGna-tion  | Father’s/ Husb-and’s name | Total atten-dance No.of  | Basic | D.A | Other allow-ance | Bas-ic | D.A  | Ove-rtime | 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 |