

FORM D

[See section 4(I) proviso (b)(i)]

MONTHLY REGISTER SHOWING WELFARE AMENITIES TO BE MAINTAINED BY SMALL ESTABLISHMENTS

Name and address of the employer_____ Address of the establishment: Local/ Permanent For the month of_____

Serial Number	Name of the employee	Sex	Designation	Weekly day of rest	Dates of holidays for festivals or similar other occasions	Number of casual leave availed by the employee	Quantum of annual leave with wages	
							Due	Availed
1	2	3	4	5	6	7	8	9

Whether Welfare Amenities provided for			Whether Scheduled Caste/Scheduled Tribe, Handicapped, or any other particular category	Signature of the employer or his agent	Remarks of the Inspecting Officer	Signature of Inspector with date
Rest room	Drinkingwater	First aid				
10	11	12	13	14	15	16

Note: To be completed within seven days of the expiry of each calendar month.

Signature of the employer with full name in capitals.

Date.....

Place.....