

# FORM E

[See section 4(I) 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's 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 | Overtime     |              | Casual or sickness leave availed during the month/wage period |
|------|---------------|----|----------------------------|----|--------------------------------|--------------|--------------|---|
|      | From          | To | From                       | To |                                | Hours worked | Wages earned |   |
| 1    | 2             | 3  | 4                          | 5  | 6                              | 7            | 8            | 9   |

| Privilege Leave |               |         | Signature of the employer | Remarks of the employer | Remuneration Due     |          |                          |       |
|-----------------|---------------|---------|---------------------------|-------------------------|----------------------|----------|--------------------------|-------|
| Leave Due       | Leave availed | Balance |                           |                         | Basic salary or wage | Overtime | Other allowances, if any | Total |
| 10              | 11            | 12      | 13                        | 14                      | 15                   | 16       | 17                       | 18    |

| Deductions  |                     |                      |        |       | Net amount<br>of payment | Date of<br>payment | Signature or<br>thumb<br>impression of<br>the employee | Signature<br>of<br>Inspector<br>with<br>remarks,<br>if any,<br>and date |
|---|---------------------|----------------------|--------|-------|--------------------------|--------------------|--|---|
| Fines and<br>deductions<br>on account<br>of damage<br>or loss by<br>neglect or<br>default | Other<br>deductions | Advance paid, if any |        |       |                          |                    |  |   |
|   |                     | Date                 | Amount | Total |                          |                    |  |   |
| 19  | 20                  | 21                   | 22     | 23    | 24                       | 25                 | 26   | 27  |

Note: Columns 1 to 12 to be filled up on each working day and the remaining columns to be completed within seven days of the expiry of the wage period.

Signature of the employer with full name in capitals.

Date.....

Place.....