REGISTER OF WAGES

Form X [Rule 26(1)]

Name of Establishment:_____ Work Order No. _____ Wage Period: _____ to _____

Sl. No.	Name of the Employee	Designation	Actual rate of wages payable	Total Paid Days					Amount Payable	HRA	OT	Gross Wages Payable	Deduction			Net Wages Paid	Date of Payment	Signature/Thumb impression of Employee
				Actual Mandays	W-Off	NH/FH	EL	Total Mandays					EPF	ESI	Total Deduction			
			TOTAL															