

FORM B**FORMATE OF WAGE REGISTER**

Rate of Minimum Wages and since the date				
	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled
Minimum Basic				
DA				
Overtime				

Name of Establishment :**Name of Owner :****Labour Identification No :****Name and Address of Principal Employer :****Wages period From to (Monthly/Fortnightly/Weekly/Daily/Piece Rated)**

Sr. No. in Employee / Workman / Worker Register	Name	Rate of Wage	No. of Days worked	Overtime hours worked	Basic	Special Basic	DA	Payments Overtime	HRA	Total
1	2	3	4	5	6	7	8	9	10	11

PF	ESIC	Society	Income Tax	Insurance	Others	Recoveries	Total	Net Payment	Employer / Workman /Worker share PF Welfare Fund
12	13	14	15	16	17	18	19	20	21

Receipt by Employee / Workman / Worker Bank Transaction ID	Date of Payment	Remarks
22	23	24