

FORM D

FORMAT OF ATTENDENCE/MUSTER-ROLL REGISTER

Name of Establishment :

Name of Owner :

Labour Identification No :

Name and Address of Principal Employer :

For the period From to

Sr. No. in Employee / Workman / Worker Register	Name	Relay or Set Work	Summery No. of Days	Remarks No. Hours	Signature of Register Keeper*
1	2	3	4	5	6

*Not necessary in case of electronic format.