Form X

Register of Wages [See Rule 26 (1)]

Name of Establishment: Wage period

Place:

SI. No	Empcd	Name of the Employee	Namo	Designation	Minimum rates of wages payable			Rates of wages actually paid				Total attend-	Overtime	Gross	Deductions, if any				ny		Date of	Signature or thumb
						DA	Total	Basic	DA	Others	Total	Units of work done	worked	wages payable	PF	E.S.I.	HRA	Other deduction	Total deduc- tion		payment	impression of employee
1		2	3	4	5	6		7	8			9	10	11	12		13	14	15	16	17	18
Total								7		0	0	9	10	11	12	0	13	14	15	16	-	-