FORM -9 Prescribed under Rule 103

REGISTER OF COMPENSATORY HOLIDAYS

| | Number in the register of workers | Name | Group of Relay No. | No. and date of exempting order | Year | Weekly rest day lost due to the exempting order in | | | | Date of compensatory holidays given to | | | | he next | |
|--------|-----------------------------------|------|--------------------|---------------------------------|------|--|---------------|-------------------|---------------------|--|---------------|-------------------|---------------------|--|---------|
| Sl.No. | | | | | | January to March | April to June | July to September | October to December | January to March | April to June | July to September | October to December | Lost rest days carried to the next year | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | | | | | | | | | | | | | | | |