

Form - P

(See Rule 26)

MUSTER-ROLL CUM WAGE REGISTER

Name of the establishment:

Name of the employer:

Month:

Sr. No.	Full Name of the worker	Designation Name of the worker	Age	Sex	Date of entry into service	Working hours		Interval for Rest		Date of the Month													
						(7)	(8)	(9)															
(1)	(2)	(3)	(4)	(5)	(6)	From	To	From	To	1	2	3	4	5	6								

Date of the Month																									Total Days worked (10)	
(9)																										
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Minimum rate of wages payable Rs.	Total production in case of piece rate Rs.	Actual Wages Paid Rs.	House Rent Allowance Paid Rs.	Dearness Allowance Paid Rs.	Gross Amount Payable Rs.	Total hours of overtime worked during the month	Overtime earnings Rs.
(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Deductions								Total Deduction Rs.	Net Payable Rs.
Provident Fund Contribution Rs.	Family Pension Rs.	ESI Contribution Rs.	Professional Tax Rs.	Income Tax Rs.	Loan and Interest Rs.	Advances Rs.	Other Deductions Rs. (if any)		
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)

Date of Payment (29)	Signature/ Thumb Impression of the worker (30)

Signature of employer or authorized representative