

Form - K
(See Rule 12)
NOTICE OF WEEKLY HOLIDAY

Name and address of the Establishment : _____

Name of the Manager/Authorized representative.: _____

All the workers in the establishment are hereby informed that the days of weekly holiday of each worker is given below :-

Sr. No.	Name of worker	Designation	Day of weekly Holiday	Hours of Work From . . . to . . .
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				

Date :

Place :

Signature of the Manager or
Authorized representative.