## **Labour and Employment**

### **FORM B**

[See Section 4(i) Proviso (b) (i)]
Register of Wages Required to be maintained by Small Establishments

# TO BE MAINTAINED WITH IN SEVEN DAYS OF THE EXPIRY OF THE WAGE PERIOD

| ame of Establishment<br>mployer |                      |                          |  |   | ddress of  |
|---------------------------------|----------------------|--------------------------|--|---|--|
| _ocal)                          |                      |                          |  |   |  |
|                                 |                      | Wage                     | s Period   |   | <u> </u>   |
| Name of<br>the<br>employee      | Sex                  | Designation              | Classification,<br>whether<br>permanent /<br>temporary /<br>casual part time<br>or any other | Father's or<br>husband's<br>name  | Total<br>days<br>number<br>of units<br>worked  |
| 2.                              | 3.                   | 4.                       | 5.   | 6.  | 7.   |
|                                 | Name of the employee | Name of the Sex employee | Name of the employee Sex Designation   | Name of the employee  Name of the permanent / temporary / casual part time or any other | Name of the employee Sex Designation Designation Sex Designation Sex Classification, whether permanent / temporary / casual part time or any other |

## Wages Earned

| Basic W<br>Statutory<br>Minimum<br>Rate | Vages<br>Actual | Dearness<br>Allowance | Over<br>Time | Bonus<br>or<br>Excreta | Maternity<br>Benefits | Gratuity | Any other allowance | Total<br>Amount |
|---|-----------------|-----------------------|--------------|------------------------|-----------------------|----------|---------------------|-----------------|
| 8.                                      | 9.              | 10.                   | 11.          | 12.                    | 13.                   | 14.      | 15.                 | 16.             |
|   | /               | %                     | un           | 'n.                    | 0.1152                | 110      | N.                  |                 |

#### **Deductions**

|                  |   | Provident Fund             |                            | Employees' State Insurance |                            |
|------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Advances         | Fines due to<br>damage or<br>loss by<br>neglect or<br>default | Employer's<br>Contribution | Employees'<br>Contribution | Employer's<br>Contribution | Employees'<br>Contribution |
| 17.              | 18.   | 19.                        | 20.                        | 21.                        | 22.                        |
| Court of Popular |   |                            |                            |                            |                            |

#### **Deductions**

| Other<br>Deductions<br>indicating the<br>nature | Total<br>Deductions | Net Amount<br>Payable | Signature of<br>thumb<br>impression of<br>employee<br>with date | Signature of<br>Inspector<br>with date | Remarks |
|---|---------------------|-----------------------|---|--|---------|
| 23.   | 24.                 | 25.                   | 26.   | 27.                                    | 28.     |
| 0   |                     |                       |   |  | 16      |

Notes: 1. In case of deduction of any advance taken by an employee, the employer shall also indicate therein the number of installments paid / total installments by which advance is to be repaid such as "5/20, 6/20" etc. The purpose of advance shall also be mentioned in the Remarks column.

2. In case of imposition of fines or deduction for damage of loss, the specific act or omission for which the penalty has been imposed has to be indicated in the Remarks Column. A certificate shall also be recorded in the said column to the effect that an opportunity to show cause was given to the employee concerned before imposition of fine or deduction.

| Date  |  |
|-------|--|
| Place |  |
|       | Signature of the Employer with full name in Capitals |