

**TRIPURA RURAL EMPLOYMENT GUARANTEE SCHEME**  
**FORM NO. 3**  
**HOUSEHOLD JOB CARD:**

Page 1

| Household Identification                                       |                   |      |                         |
|--|-------------------|------|-------------------------|
| Unique HH ID:  |                   |      | Photo of Head of family |
| Name of the head of the household:<br>Surname:..... Name:..... |                   |      |                         |
| Husband/Wife's name:   |                   |      |                         |
| Caste (SC/ST/BC):  |                   |      |                         |
| Land Reform/IAY beneficiary                                    |                   |      |                         |
| Names of the working members in the family:                    |                   |      |                         |
| S.No.  | Individual ID No. | Name | Father's/Husband's Name |
| 1. *   |                   |      | Male/<br>Female         |
| 2.   |                   |      |                         |
| 3.   |                   |      |                         |
| 4.   |                   |      |                         |
| * In this Row, Head of the House Hold should be mentioned.     |                   |      |                         |
| Address:   |                   |      |                         |
| Date of Registration   |                   |      |                         |
| Name of the labour group, if member of any:                    |                   |      |                         |

Signature of the Panchayat Secretary:

Habitation:

Gram Panchayat

Details of employment provided and wages paid.

| Name of the Family                 |                                    |                                  |                 |                 |                          |                                      |
|------------------------------------|------------------------------------|----------------------------------|-----------------|-----------------|--------------------------|--------------------------------------|
| Number of days employment provided |                                    |                                  |                 |                 |                          |                                      |
| S.No                               | Date and month on which wages paid | No. of days for which wages paid | Amount paid Rs. | Muster Roll No. | S.No. in the Muster Roll | Signature of the authorised Officer. |
| 1                                  | 2                                  | 3                                | 4               | 5               | 6                        | 7                                    |
|                                    |                                    |                                  |                 |                 |                          |                                      |
|                                    |                                    |                                  |                 |                 |                          |                                      |
|                                    |                                    |                                  |                 |                 |                          |                                      |
|                                    |                                    |                                  |                 |                 |                          |                                      |
|                                    |                                    |                                  |                 |                 |                          |                                      |

| Cumulative No. of days worked |       |       |       |
|-------------------------------|-------|-------|-------|
| 05-06                         | 06-07 | 07-08 | 08-09 |
|                               |       |       | 09-10 |
|                               |       |       |       |
|                               |       |       |       |

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Demand For Work Record

| Sl No | Date of submission of application for seeking employment | Date from which employment is needed | No of Days |
|-------|--|--------------------------------------|------------|
|       |  |                                      |            |
|       |  |                                      |            |
|       |  |                                      |            |

Details of employment provided

| Sl No | Month & Year | Name of family Member to whom Employment Provided | No of days for which Employment Provided | Details of work on which Employment is Provided. | Muster Roll Number by which wages paid | Signature of authorised officers |
|-------|--------------|---|--|--|--|----------------------------------|
|       |              |   |  |  |  |                                  |
|       |              |   |  |  |  |                                  |
|       |              |   |  |  |  |                                  |

NOTE:

- i. No Row will be left Blank in any case
- ii. Month wise totals will be done at the end of the month for number of days of employment provided.
- iii. Details will be entered separately for separate family members.
- iv. Accordingly when wage employment of 100 days have been provided to the household, it has to be entered in the next row in red ink

*Page 4: Basic Information on Entitlements (back page)*

Entitlements for labour as per the act/ Scheme

• Contact persons/ address/ telephone numbers – for Redressal of grievances

Name of the Registration Officer/Gram Panchayat Secretary:

Address:

Telephone Number:

Name of the Programme Officer:

Address:

Telephone Number: