

TAMIL NADU SHOPS AND ESTABLISHMENTS RULES,1948

IIFORM-P REGISTER OF ADVANCES PAID, DEDUCTIONS FOR DAMAGES OR LOSSES AND FINES [See sub-rule (4) of Rule I I] Name and Address of the Establishment Advance Paid Month Year • Deduction for Damages/Loss a. 8 (1) z (2) (3) (4) (5) (6) (7) z (8) (9) (10) 8 (11) (12) (13) (14) (15) (16) (17) Fines (18) (19) (20) I Added by GO. Ms. No. 3, Labour and Employment (C), 4th January, 2007.

IIFORM-Q REGISTER OF EMPLOYMENT FOR SHOPS AND DTABLISHMENTS [See Sub-rule (I) of Rule 16] Month (18) Year • Name and Address of the Establishment Leave Credit at the beginning of the Month Leave Availed during the Month Leave Balance O o - Weekly Holiday H - Festival Holiday - National Holiday NH - Substitute Holiday SH Casual Leave CL - - Sick Leave SL Holidays with HW - Wages Maternity Leave ML - 3 (1) z (2) (4) (7) (8) (15) (9) (IO) (11) (12) (13) (14) (16) (17) (3) N.B. — The leave to be credited to the account shall also be included in this column under the respecqve heads. The Holidays with wages (Privilege leave) balance at the end of the year is to be carried forward to next year. The National Holiday or apprqvcd Festival Holiday occuring in the month shall be indicated on the top agains tthe respective dates.] Added by GO. Ms. No. 3, Labour and Employment (C), 4th January, 2007.

I[FORM - R REGISTER OF WAGES [See sub-rule (5) of rule I I] Name of Establishment : Name of the Employer/Contractor with Address Wages earned Wage Period Month Deductions 9) Z (20) (21) Year (22) (1) GRAND TOTAL (5) (6) 00 OD (7) (8) 0 (15) 0 ö (19) 00 (13) (14) (23) N.B. . Please see Section 3 of the Tamil Nadu Labour Welfare Fund Act, 1972 *** Please see Section 2 (I) of the Tamil Nadu Labour Welfare Fund Act, 1972 Certified that the wages have been paid to all the workers employed for the month of for the week ending . ../ for the Fortnight ending on Signature of Employer/Manager/Contractor/Authorised Person.] 1 Added by GO. Ms. No. 3, Labour and Employment (C). 4th January

2007. IIFORM -S NOTICE OF DAILY HOURS OF WORK, REST INTERVAL WEEKLY HOLIDAY, ETC.[See sub-rule (4) of rule 181 Name and Full Address of the Establishment Name of the Employer/Contractor/Manging Director/ Managing Partner/or Authorised Person with full Residential Address Part-I Date of Payment of Wages Part-II Rates of Wages O (1) (2) (3) (4) (5) (6) (7) (8) E (9) (10) (11) (12) (13) (14) Max. (15) Min (16) If shifts are not available mention as General Added by GO. Ms No 3. LN»ur and Employment (C), 4th January Signature of the Employer/Contractor/Managlng Director/Manag•ng Partner/Manager/Authorjsed Person (Name In Capitals) 2007 '[FORM - T WAGE SLIP/LEAVE CARD [See sub-rule (6) of rule I I) 1. 2. 3. 4. 5. 6. 7. 8

9. Name and address of the Establishment : Name of the Person Employed Father's or Husband's Name Designation : Date of Entry into Service : Wage Period • Wage Earned (a) (b) (c) (d) (e) (D (g) Basic : Dearness Allowance House Rent Allowance Overtime Wages Leave Wages Other Allowances Gross Wages From (i) (ii) (iii) To Deductions : Employees Providént Fund Employees' State Insurance Other Deductions Net Amount Paid Leave Availed during the month Leave at Credit : CL CL SL SL EL Signature of the Employer/Manager/ or any other Authorised Person.Signature or Thumb impression of the Person Employed.l Added by G.O. Ms. No. 3, Labour and Employment (C), dated the 4th January, 2007.