

FORM III

[See section 4 (1)]

MUSTER ROLL - CUM-WAGE REGISTER

Name of the establishment and address

Location of work

Name and address of employer

Serial number	Name of the worker (ID No. if any) and father's/husband's name	Designation/category/nature of work performed	Attendance (Date of the month 1, 2, ...to 31)	Leave due (Earned leave and other kind of admissible leave)	Leave availed (specify)	Wage rate/pay or piece rate/wages per unit	Other allowances, e.g. (a) Dearness Allowance (b) House Rent Allowance (c) Night Allowances (d) Displacement Allowance (e) Outward Journey Allowance
1	2	3	4	5	6	7	8
							(a) (b) (c) (d) (e)

Overtime worked number of hours in the month	Amount of overtime wages	Amount of advance and purpose of advance	Total/gross earnings	Deduction e.g. (a) Provident Fund (b) Advance (c) Employees' State Insurance (d) Other amount	Net amount payable (12-13)	Signature/receipt of wages/allowances for column number 14	Remarks
9	10	11	12	13	14	15	16
				(a) (b) (c) (d)			

Certificate by the principal employer if the employer is contractor.

This is to certify that the contractor has paid wages to workmen employed by him as shown in this register

Signature of principal employer/
authorised representative of principal employer.