

FORM 16**[Rule 107(2)]**

¹I hereby require that in the event of my death before resuming work, that balance of my pay, due for the period of leave with wages not availed of shall be paid to who is my

Witnesses :

1.

..... *Signature of Worker.*

2. *Date.*

..... *Present Address.*

Permanent Home Address.

³[FORM 26

[Prescribed under the Schedule specified under Rule 109]

Certificate of Fitness

Serial Number :

I certify that I have personally examined (name) son of , residing at (father's name) (address) who is desirous of being employed as in (designation) (process, department and factory) and that his age, as nearly as can be ascertained from my examination, is years, and that he is, in my opinion, fit/unfit for employment in the abovementioned factory as mentioned above.

2. He may be produced for further examination after a period of

3. The serial number of the previous certificate is

Signature/Left Thumb-impression of the person examined.

Signature of Certifying Surgeon

Dated

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1. Deleted by Noti. No. 5856(SM)(iii)/XXXVI-A—1250(SM)-57, dt. 18.3.1964.
 2. Added vide Labour (B) Department Noti. No. 395(LL)/XXXVI-B—313(LL)-53, dt. 28.5.1955.
 3. Forms 26 and 27, ins. by Noti. No. 2088/XXXVI-3- 2016(F)-77-CA-63-1948-1950-AM (53)-1986, dt. 7.8.1986.

FORM 27

[Prescribed under the Schedule specified under Rule 109]

Health Register

1. Serial number
2. Department/Work
3. Name of worker
4. Sex
5. Age (last birthday)
6. Date of employment or present work
7. Date of leaving or transfer to other work
with reasons for discharge for transfer
8. Nature of job or occupation
9. Raw material products or by-products
likely to be exposed to

Date of medical examination and the results thereof

10. Date
11. Result fit or unfit.
12. Signs and symptoms observed during
examination
13. Nature of tests and result thereof
14. If declared unfit for work state period of
suspension with reasons in detail
15. Whether certificate of unfitness issued
to the worker
16. Re-certified fit to resume duty on
17. Signature of the certifying surgeon
with date

FORM 10

[Rule 76]

Overtime muster-roll for persons on exempted work month ending

Workers number in register	Name	Department	Dates on which overtime has been worked	Extent of over-time on each occasion		Total overtime worked in hours	Normal hours worked during the period	Normal rate of pay	Overtime rate of pay	Cash equivalent to the advantage accruing through the concessional sale of foodgrains and other articles	Overtime earnings	Reasons for overtime quoting section or rule
				Time from	Time to							
1	2	3	4	5	6	7	8	9	10	11	12	13

FORM 14¹
[Rule 102]

Adult/Child

Serial No.

Name

Department

Father's Name

Serial No. in the Register of Adult/Child workers

Date and amount of payment made in lieu of leave due

Date of entry into service

LEAVE WITH WAGES REGISTER
NAME OF FACTORY.....

Calendar year of service	Wage paid from..... to	Wages earned during the wage period	No. of days of work performed	No. of days worked during the calendar year			Total of columns 4 to 7	Leave to credit		Total of columns 9 and 10	Whether leave in accordance with scheme under Section 79(8) was refused.....	Leave enjoyed from to	Balance of leave to credit	Normal rate of wages	Cash equivalent of advantage accruing through concessional sale of foodgrains and other particulars	Rate of wages for the leave period (Total of columns 15 and 16)	Remarks
				No. of days of lay-off	No. of days of maternity leave	No. of days of leave enjoyed		Balance of leave from preceding year	Leave earned during the year mentioned in column 1								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Note.—Separate page will be allotted to each worker.

1. Added vide Labour Department Noti. No. 21(SM)/XXXVI-A—1019(SM)-75, dated 13.6.1953.

FORM 15¹
[Rule 103]
Leave Book

Serial No.
 Department
 Serial No. in the Register
 of Adult/Child workers
 Date of entry into service

Name
 Father's Name
 Date of discharge
 Date and amount of payment made in
 lieu of leave due

NAME OF FACTORY.....

Calendar year of service	Wage period from..... to	Wages earned during the wage period	No. of days of work performed	No. of days worked during the calendar year			Total of columns 4 to 7	Leave to credit		Total of columns 9 and 10	Whether leave in accordance with scheme under Section 79(8) was refused.	Leave enjoyed from to	Balance of leave to credit	Normal rate of wages	Cash equivalent of advantages accruing through concessional sale of foodgrains and other articles	Rate of wages for the leave period (Total of columns 15 and 16)	Remarks
				No. of days of lay-off	No. of days of maternity leave	No. of days of leave enjoyed		Balance of leave from preceding year	Leave earned during the year mentioned in column 1								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Note.—To be printed on a thick sheet in folder form.

1. *Added vide Labour (A) Department Noti. No. 21(SM)/XXXVI-A—1019(SM)-59, dated 13.6.1958.*