FORM B WAGE REGISTER

Rate of minimum Wage and since the Dated

	Highly Skilled	Skilled	Semi - Skilled	Un Skilled
Minimum Basic				
DA				
Overtime				

		(Monthly/Fortnightly/Weekly/Daily/Piece Rated)																									
Sr. NO.	Sr	r. No. in	Name	Rate Of Wage		Overtime		Special		Pavments	HRA	*Others	Total	Deduction								Net Payment	Employer Share		Receipt by Employee /	Date Of	Rer
		nployee egister			Days Worked	hours worked	Basic	Basic	DA	Overtime			(06 to 11)	PF	ESIC	Society	Income tax	Insurance	Others	Recoveries		(12 - 20 = 21) PF	PF	Welfare Fund	Bank Transaction ID	Payment	narks
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		23	24	25

Name of Establishment :-______ Name of owner :-_____ LIN :-_____ Wage Period From :______ To _____