

**FORM D
ATTENDANCE REGISTER**

Name of Establishment : _____ **Name of Owner:** _____ **LIN:-** _____ **For the Period From** _____ **To** _____

Sr. No.	Sr. Number in Employee register	Name	Relay# or set work	Place of work	DATE																												IN OUT	Summary No. of Days	Remarks No. of hours	Signature of Register Keeper
					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	26	27	28				
	1	2	3	4	5																												6/7	8	9	10