

**FORM B**  
**WAGE REGISTER**  
Rate of minimum Wage and since the Dated

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

Name of Establishment :- \_\_\_\_\_ Name of owner :- \_\_\_\_\_ LIN :- \_\_\_\_\_ Wage Period From : \_\_\_\_\_ To \_\_\_\_\_  
(Monthly/Fortnightly/Weekly/Daily/Piece Rated)

Sr. NO.	Sr. No. in Employee register	Name	Rate Of Wage	No. of Days Worked	Overtime hours worked	Basic	Special Basic	DA	Payments Overtime	HRA	*Others	Total (06 to 11)	Deduction							Net Payment (12 - 20 = 21)	Employer Share		Receipt by Employee / Bank Transaction ID	Date Of Payment	Remarks	
													PF	ESIC	Society	Income tax	Insurance	Others	Recoveries		Total (13 to 19)	PF				Welfare Fund
	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