

**FORM B  
WAGE REGISTER**

Rate of minimum Wage and since the Dated

	<b>Skilled</b>	<b>Semi - Skilled</b>	<b>Un Skilled</b>
Minimum Basic			
DA			
Overtime			

Name of Establishment :

Name of owner :

LIN :

Wage Period From

(Monthly/Fortnightly/Weekly/Daily/Piece Rated)

Name and Address of Principal Employer:

LIN of Principal Employer:

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	Conv.	Child Edu.	LTA	Medica I	Adhoc All.	Site All	Comm. All.	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	PT	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