FORM D
ATTENDANCE / MUSTER ROLL REGISTER

Name of Establishment: **Name of Owner:** **LIN:** **For the Period From ________________ To__________________**

Name and Address of Principal Employer: **LIN of Principal Employer:**

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	29	30	31				
	1	2	3	4	5																															6/7	8	9	10

Dattani & Dattani
labour law consultant