Name And Address of Contractor		Name & Location of Work

REGISTER OF WAGES

FORM XIII [See Rule 59(2) (a)]

Wgs period weekly/F.nightyly/Monthly

Date/ Time & Place Of Payment _____

Name & Add.of estt.in/under which contract is carried on	Name & Address of the principal

						Amount of Wages					EARNED			DEDUCTIONS IF ANY (INDICATE NATURE)								
SR. NO.	**MR/ MRS**	**FULL NAME OF WORKMAN**	**FATHER/ HUSBAND**	**DOB**	**DOJ**	Serial No. in the Register of workman Employed by Contractor	Designation / Nature of work	No of Days Worked	Rate of Wages (P.D./ P.M.)	Basic Wages	D.A.	O.T.	Total	Adv.	P.F.	F.P.F.	E.S.I.	P.T.	I.Tax	Total Dedn	Net Amt. Payable	Sign. / Thumb impression of Workman
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
		TOTAL																				