

Appendix - 'I'

REGISTER OF MATERNITY BENEFIT

Name and Address of Contractor(s) :.....

Name and location of the work :.....

Name of the Employee	Father's/Husband's Name	Nature of Employment	Period of actual Employment	Date on which notice of confinement given
1	2	3	4	5

Date on which maternity leave commenced and ended

Date of Delivery/Miscarriage	<u>In case of delivery</u>		<u>In case of Miscarriage</u>	
	Commenced	Ended	Commenced	Ended
6	7	8	9	10

Leave pay paid to the employee

<u>In case of Delivery</u>		<u>In case of miscarriage</u>		Remarks
Rate of leave pay	Amount paid	Rate of leave pay	Amount paid	
11	12	13	14	15

Specimen form of the register regarding Maternity Benefit admissible to the Contractor's labour

Name and address of the Contractor :.....

Name and location of the work :.....

1. Name of the woman and her husband
2. Designation
3. Date of appointment
4. Date with months and years in which, she is employed
5. Date of discharge/dismissed, if any
6. Date of production of certificates in respect of pregnancy.
7. Date on which the woman informs about the expected delivery
8. Date of delivery/miscarriage/death
9. Date of production of certificate in respect of delivery/miscarriage
10. Date with the amount of maternity/death benefit paid in advance of expected delivery
11. Date with the amount of subsequent payment of maternity benefit
12. Name of the person nominated by the woman to receive the payment of the maternity benefit in case of her death
13. If woman dies, the date of her death, the name of the person to whom maternity benefit amount was paid, the month thereof and the date of payment.
14. Signature of the Contractor authenticating entries in the register.
15. Remarks column for the use of inspecting Officer.

LABOUR BOARD

Name of work :

Name of Contractor :

Address of Contractor :

Name and address of IISER Office :

Name of Labour Enforcement Officer :

Address of Labour Enforcement Officer :

Sl.No.	Category	Minimum wage fixed	Actual wage paid	Number present	Remarks

Weekly Holiday :

Wages period :

Date of payment of wages :

Working hours :

Rest Interval :

Form – XIII REGISTER OF WORKMEN EMPLOYED BY CONTRACTOR

Name and address of the contractor :

Name and address of establishment under which contract is carried on :

Nature and location of the work :

Name and address of Principal Employer :

Sl. No.	1	
Name and Surname of Workman	2	
Age and Sex	3	
Father's/ Husband's Name	4	
Nature of Employment / Designation	5	
Permanent Home address of the workman	6	
Local address	7	
Date of commencement of employment	8	
Signature of thumb impression of workman	9	
Date of termination of employment	10	
Reasons for termination	11	
Remarks	12	

Form – XVI
MUSTER ROLL

Name and address of the contractor :

Name and address of establishment under which contract is carried on :

Nature and location of the work :

Name and address of Principal Employer :

Sl.No.	Name and Workman	Sex	Father's/Husband's Name	Date					Remarks
1	2	3	4	5					6
				1	2	3	4	5	

Form – XVII REGISTER OF WAGES			
Name and address of the contractor :			
Name and address of establishment under which contract is carried on :			
Nature and location of the work :			
Name and address of Principal Employer :	wage Period: Monthly/Fortnight		
SI.No.	1	2	16
Name and workman	3	3	15
SI.No. in the register of workman	4	4	14
Designation Nature of work done	5	5	13
No. of days worked	6	6	12
Units of work done	7	7	11
Daily rate of wages/ piece rate	8	8	10
Amount of wages earned	Basic wages	9	9
	Dearness allowance	10	10
	Overtime	11	11
	Other cash payment (indicate Nature)	12	12
	Total	13	13
Deductions if any (indicate nature)	14	14	14
Net amt paid	15	15	15
Signature/Thumb impression of workman	16	16	16
Remarks	16	16	16

WAGE CARD

Wage Card No.

Name and address of contractor:

Date of Issue :

Name and location of work :

Designation :

Name of Workman:

Monthly / Fortnight :

Rate of Wages:

	Rate	Amount
31		
30		
29		
28		
27		
26		
25		
24		
23		
22		
21		
20		
19		
18		
17		
16		
15		
14		
13		
12		
11		
10		
9		
8		
7		
6		
5		
4		
3		
2		
1		
Morning		
Evening		
Initial		

Appendix – ‘VII’ (Obverse)

Received from the sum of Rs..... On account of my wages

The wage card is valid for one month from the date of issue

Appendix – 'VII' (Reverse)

Form – XIX

WAGES SLIP

- Name and address of Contractor :
- Name and Father/Husband of workman :
- Nature and location of work :
- For the Week/Fornight /Month ending :
1. No. of days worked :
2. No. of units worked in case of piece rate workers :
3. Rate of daily wages/piece rate :
4. Amount of overtime wages :
5. Gross wages payable :
6. Deduction, if any :
7. Net amount of wages paid :

Initials of the Contractor or his representative

Form – XIV

EMPLOYMENT CARD

- Name and address of the Contractor :
- Name and address of establishment :
- in/under which contract is carried out :
- Name and address of Principal Employer :
1. Name of the workman :
2. Sl. No. in the register of workman employed :
3. Nature of employment/designation :
4. Wage rate (with particulars of unit in case of piece work):
5. Wage period :
6. Tenure of employment :
7. Remarks :

Signature of Contractor

FORM – XV

SERVICE CERTIFICATE

Name and Address of Contractor :

Name and Address of establishment

in/under which contract is carried out :

Nature and location of work :

Name and Address of workman :

Age or date of birth :

Name and Address of Principal Employer :

Identification Marks :

Father's/Husband's name :

Sl No	Total period for which employed		Nature of work done	Rate of wage with particulars of Unit in case of piece work	Remarks
	From	To			
1	2	3	4	5	6

Signature

LIST OF ACTS AND OMISSION FOR WHICH FINE CAN BE IMPOSED

In accordance with the rule 8(d) of the Contractor's Labour Regulations to be displayed prominently at the site of work in both English and local language.

1. Willful in insubordination or disobedience, whether the alone or in combination with other.
2. Theft, fraud or dishonesty in connection with the Contractor beside a business or property of IISER-TVM.
3. Taking or giving bribes or any illegal gratification.
4. Habitual late attendance.
5. Drunkenness, fighting, riotous or disorderly or indifferent behavior.
6. Habitual negligence.
7. Smoking near or around the area where combustible or other materials are locked.
8. Habitual indiscipline.
9. Causing damage to work in progress or to property of the IISER-TVM or the Contractor.
10. Sleeping on duty.
11. Malingering or slowing down work.
12. Giving of false information regarding name, age, father's name etc.
13. Habitual loss of wage cards supplied by the employers.
14. Unauthorized use of employer's property of manufacturing or making of unauthorized articles at the work place.
15. Bad workmanship in construction and maintenance by skilled workers which is not approved by the Department and for which the Contractor are compelled to undertake rectifications.
16. Making false complaints and/or misleading statements.
17. Engaging on trade within the premises of the establishments.
18. Any unauthorized divulgence of business affairs or the employees.
19. Collection or canvassing for the collection of any money within the premises of an establishment unless authorized by the employer.
20. Holding meeting inside the premise without previous sanction of the employer.
21. Threatening or intimidating any workman or employee during the working hours within the premises.

<p>Form – XII</p> <p>REGISTER OF FINES</p> <p>Name and address of the contractor :</p> <p>Name and address of establishment under which contract is carried on :</p> <p>Nature and location of the work :</p> <p>Name and address of Principal Employer :</p>	SI No.	1	
	Name of workman	2	
	Father's/ Husband's Name	3	
	Nature of Employment/ Designation	4	
	Act/Omission For which fine imposed	5	
	Date of offence	6	
	Whether workman showed cause against fine	7	
	Name of person in whose presence employee's explanation was heard	8	
	Wage period and wages payable	9	
	Amount of fine imposed	10	
	Date on which fine realised	11	
	Remarks	12	

Appendix – 'XII'

Form – XX			
REGISTER OF DEDUCTION FOR DAMAGE OR LOSS			
Name and address of the contractor :			
Name and address of establishment under which contract is carried on :			
Nature and location of the work :			
Name and address of Principal Employer :			
SI No	1	2	3
Name of workman		4	5
Father's/ Husband's Name		6	7
Designation/ Nature of Employment		8	9
Particulars of damage or loss		10	11
Date of damage or loss		12	13
Whether workman showed cause against deduction		Remarks	
Name of person in whose presence employee's explanation was heard		First Installment	Last Installment
Amount deduction imposed		10	11
No of installment		12	13

Form – XXII REGISTER OF ADVANCES		
Name and address of the contractor :.....		
Name and address of establishment under which contract is carried on :.....		
Nature and location of the work :.....		
Name and address of Principal Employer :.....		
SI No.	1	
Name of workman	2	
Father's/ Husband's Name	3	
Nature of Employment/ Designation	4	
Wage period and wages payable	5	
Date & amount of advance given	6	
Purposes to which advance to made	7	
Instalment by which advance to be repaid	8	
Date and instalment of amount repaid	9	
Date of which last instalment paid	10	
Remarks	11	

<p>Form – XXIII</p> <p>REGISTER OF OVERTIME</p> <p>Name and address of the contractor :</p> <p>Name and address of establishment under which contract is carried on :</p> <p>Nature and location of the work :</p> <p>Name and address of Principal Employer :</p>	SI No.	1	
	Name of workman	2	
	Father's/ Husband's Name	3	
	Sex	4	
	Designation/ Nature of Employment	5	
	Date on which overtime worked	6	
	Total overtime worked production in case of piece rated	7	
	Normal rate of wages	8	
	Overtime rate of wages	9	
	Overtime earnings	10	
	Rate on which over time wages paid	11	
	Remarks	12	