FORM I

[*See rule* 19 (1)]

Wage Register

1. Name of the Factory.....
2. Department.....
3. Branch/Section/Group/Relay, etc.....
4. Wage period.....
5. Address.....

Serial No.	Name of the employee	Token or Ticket No.	Occupation	Rate of pay (if paid on piece rate the rate at which paid	Minimum rate of wages payable	No. of days the worker attended	No. of hours worked	Amount of overtime wages earned	Gross wages payable	Amount of any deductions giving reasons for which deductions imposed	Actual wages paid	Signature or thumb-impression of the employee and date of payment	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14