FORM II

[*See rule* 19 (2)]

Wage Slip

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

1	2	3		4		5		6		7		8
Name of the employee	Token or Ticket No.	Minimum rate of wages payable		Amount of over-time wages earned		Gross wages payable		Deduction, if any		Actual wages paid		Remarks
		Rs.	Paisa	Rs.	Paisa	Rs.	Paisa	Rs.	Paisa	Rs.	Paisa	