FORM III

[*See rule* 19 (5)]

Muster Roll for the Month of——————

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

Working hours

I Period From.....to .....

Interval From.....to .....

II Period ..... From.....to .....

1	2	3	4	5	6	7	8	9	10
Serial No.	Name of employee	Father's/husband's name	Token or Ticket No.	Age	Sex	Date of first appointment	Occupation	Monthly record of the daily attendance of each worker	Remarks