

FORM V
[See Rule 8].
Register for Leave

Name of establishment Registration No.
 Name of Employee with present age Date of Wages.....
 Nature of work Date of Employment.....

OK

Date of application	Date of Sanction	Annual Leave applied From To Balance	Leave accumulated leaveAmount paid in lieu of	Date of application	Date of sanction	Casual Leave sanctioned From To Balance	Date of application	Date of sanction	Sick Leave sanction From To Balance	Leave accumulated	Signature or thumb imp of employee	Remarks
---------------------	------------------	--	--	---------------------	------------------	---	---------------------	------------------	---	-------------------	---------------------------------------	---------

FORM VI [see Rule 8]
INSPECTION BOOK [For Establishments excluding Shops]
NAME OF ESTABLISHMENT

Date of Inspection	Name and designation of Inspecting Officer	Irregularities Noticed
--------------------	---	---------------------------

Signature of the Inspecting officer.

----- 0 -----