

SCHEDULE

[See rule 2(1)]

FORM A

FORMAT OF EMPLOYEE REGISTER

[Part-A: For all Establishments]

Name of the Establishment-----Name of Owner-----LIN-----

Sl. No.	Employee Code	Name	Surname	Gender	Father's/Spouse Name	Date of Birth#	Nationality	Education Level	Date of Joining	Designation
1	2	3	4	5	6	7	8	9	10	11

Category Address *(HS/S/SS/US)	Type of Employment	Mobile	UAN	PAN	ESIC IP	LWF	AADHAAR	Bank A/c Number	Bank	Branch (IFSC)	Present Address	Permanent
12	13	14	15	16	17	18	19	20	21	22	23	24

Servie Book No.	Date of Exit	Reason for Exit	Mark of Identification	Photo	Specimen Signature/Thumb Impression	Remarks
25	26	27	28	29	30	31

*(Highly Skilled/Skilled/Semi Skilled/Un Skilled)

#Note: In case the age is between 14 to 18 years, mention the nature of work, daily hours of work and Intervals of rest in the remarks Column.

[PART B: FOR THE MINES ACT, 1952 (35 of 1952) ONLY]

Sl. Number in Employee Register	Name	Token Number Issued	Date of First Appointment with present Owner	Certificate of age/fitness taken (for 14 to 18 Years)	Place of Employment (Underground/Open cast/Surface)	Certificate of Vocational Training	
						Number	Date
1	2	3	4	5	6	7	8

Nominee		Adult Person to be contacted in case of Emergency			Remarks	*Signature of Mines Manager
Name	Address	Name and Relationship	Address	Mobile		
9	10	11	12	13	14	15

* Not necessary in case digital form

FORM D

FORMAT OF ATTENDANCE REGISTER

Name of Establishment _____ Name of Owner _____ LIN _____

For the Period From _____ To _____

Sl. Number in Employee register	Name	Relay# or set work	Place of work*	Date 1 2 3 4.....31 IN OUT	Summary No. of Days	Remarks No. of hours	**Signature of Register Keeper
1	2	3	4 5	6 7	8	9	10

#Relay and *Place of Work in case of Mines only (Underground/Opencast/Surface)

In case an employee is not present the following to be entered: (R for Rest/L for Paid Leave/A for absent/O for Weekly Off/C for Establishment Closed)

** Not necessary in case of E Form maintenance.

FORM B
FORMAT FOR WAGE REGISTER

Rate of Minimum Wages and since the date.....				
	Highly Skilled	Skilled	Semi-Skilled	Un Skilled
Minimum Basic				
DA				
Overtime				

Name of the Establishment _____ Name of Owner _____ LIN _____

Wage period From _____ To _____ (Monthly/Fortnightly/Weekly/Daily/Piece Rated)

Sl. No. in Employee register	Name	Rate of Wage	No. of Days worked	Overtime hours worked	Basic	Special Basic	DA	Payments Overtime	HRA	*Others	Total
1	2	3	4	5	6	7	8	9	10	11	12

Deduction								Net Payment	Employer Share PF Welfare Fund
PF	ESIC	Society	Income Tax	Insurance	Others	Recoveries	Total		
13	14	15	16	17	18	19	20	21	22

Receipt by Employee/Bank Transaction ID	Date of Payment	Remarks
23	24	25

* In case of Mines Act any Leave Wages paid should be shown in the Others Column and specifically mentioned in the Remarks column also.