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Emp ID	** Name**	Father Husband Name**	Gender**	YYYY)*	Address**	Permanent Adddress**	YYYY)*	YYYY)	Department**	Designation**	Nature of Work	Location of Work**	Establishment Name	Establishment Address	State	CasualContract	Age ESI No**	PF No UAN**	In time	Out time	Rest Interval Time	date* *	Payment*
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