

On Company Letter Head

FORM XV

NOTICE NO.5

(Section 18 (2), Rule 24)

1. Name of the employment
2. Name of establishment or concern

Sr. No.	Number or names of the employees	Whether adult/adolescent or child	Work Begins	Rest Interval or intervals		Work Ends	Hours of work	Hours of rest	Spread over
				From	To				
1	2	3	4			6	7	8	9
1		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
2		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
3		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
4		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
5		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
6		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
7		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
8		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
9		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
10		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-
11		Adult	10.00	½Hrs		6 PM	8hrs	½ hrs	-