

FORM XXIII
 [See Rule 78 (1) (a) (iii)]
Register of Overtime

Name and address of Contractor:-

Nature and location of work:-

Name and address of establishment in/under which contract is carried on:-

Name and address of Principal Employer:-

For Month

Mar-24

Sl No.	Employee ID	Name of workman	Father / Husband Name	Sex	Designation/ Nature of employment	Dated on which over- time worked	Total over-time worked or production in case of piece works	Normal rate of wages	Overtime rate of wages	Over-time earning	Date on which over-time payment made	Rem arks
1	2	3	4	5	6	7	8	9	10	11	12	13

No Overtime During the month March 2024