	FORM XVII [See Rule 78(1)(a)(i)] REGISTER OF WAGES (FOR CONTRACTOR EMPLOYEES)																													
Name	and addres	ss of Contra	ctor															Name and Address of Contractor in / under which contract is carried on												
Natur	and locati	ion of work													Name and Address of the Principal Employer															
For th	For the Month of																									01 - 1	March - 2024			
	Serial No, in the									Fixed wages				1	No. o	No. of Days Worked			Amoun	t of wages earned		_		Total deductions						
Num ber	register of workmen employed by contracto r	EMP ID	DOB	IOD	UAN Number	ESIC / Insurance Number	Name of workman	Designation / Nature of work done	Father Name	Basic Wages	Leave	Bonus	Total Fixed Gross	Month Days	Working Days	Week off		Festival holiday s Hoiday	Basic Wages	Leave	Bonus	Festival Holiday Hoilday Amount	Total Earned Gross	PF	ESIC / Insuran ce	LWF	Total Deduction	Net amount paid	Total Net Payment	Signature / Thumb impression of workmen
Total =>>										0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	0	C	0 0				0 0	