FORM XIX

Wage Slip

(See Sub Rule (78)(1)(b))

1.	Name and Address of the establishment	
2.	Nature and location of work	
3.	Name of the employee	-
4.	Father's / Husband's Name	
5.	Designation	
5.	Date of entry into service	
6.	Wage period	From To
6.	No.of Days worked	
7.	No.of units worked in case of Piece rate	0.00
8.	Rate of Daily wages	

9. Wage earned	**(A)**	**Deductions**	**(B)**
a. Basic		i. EPF	
b. DA		ii. ESI	
c. HRA		iii. Other deductions	
d. OT Wages		Total	
6. Leave with Wages	0.00	Net Amount Paid : A - B	
f. Other Allowances		A	
g. Gross Wages		B	
		Net Amount	

Signature of the contractor or his representative

Signature or thumb impression of the person employed