Name of the Establishment

Name of the Employer / Contractor
with address

FORM XVI

(See Sub Rule (8) of Rule 38 of TN Catering Establishment Rules, 1939)

Register of Wages

Wage period :	to
Month	:
Year	:

Sno	Name of the person employed	Sex	Designation or Nature of work	Daily rated / Piece rated / Monthly rated	Wages period Week / Fortnight / Month	Total no.of days worked	Units of worked / no.of days worked	Daily rate of wages / Piece Rate	Over time Rate	Wages Earned						Deductions				Net wages	Signature with date / Bank advice	Total unpaid wages accumulated
										Basic wages	Dearness Allowance	Other Allowance	Over time earned	Leave with wages	Gross wages	PF	ESI	Others	Fines			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0				Daily	Monthly									0					0			0
					Grand Total									**0**					**0**			**0**

Certified that the wages have been paid to all the workers employed for the month o