

Form IX
[(see rule 30(2))]
Haryana Building and Other Construction Workers Welfare Board

Return for the month of _____ regarding the details of workers

Name and Address of the _____
Establishment :

Sr. No.	No. of workers as on the Close of previous Month	No. and Name (s) of workers (s) who left service during the month	No. and Name (s) of worker (s) to be registered	No. of workers as on the close of current Month

Place:
Date:

Name of Signature of the Employer.
(Office Seal)