

FORM 15
 {See rule 77(1) (b) }
WAGE SLIP

Name and address of Contractor-----

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

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Nature and location of work-----

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Name and address of principal employer-----

Name and Father's name of the workman-----

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For the week/fortnight/month-----

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Sex and identification -----

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Token/Ticket No. -----

No. of days worked	rate of daily wages/ piece rate	No. of units worked in case of piece rate workers	Date on which over-time worked	Overtime hours and amounts of over-time wages	Gross wages payable	Deduc-tions if any	Actually wages paid	Signature of the contractor or his representa-tive
1.	2.	3.	4.	5.	6.	7.	8.	9.

Place-----

Date-----

Signature of the Contractor