NAMFOF	COMPANY.	_ΙΔΙ ΜΙΔΤΔ	FNTFRPRISFS

FORM XXIII

1|See rule 78 (1) (a) (iii)]

Register of Overtime

MONTH AUGUST 2024

Sr. No.	Name of workman	Father's name	Sex	Designation/	Date on which overtime worked	Total overtime worked or production in case of piece-rated	Normal rate of wages	Overtime rate of wages	Overtime earnings	Date on which overtime wage paid	Remarks
							/				
			NO	OVERTIME I	ORTHE MON	ITH OF AUGU	ST 2024				

