Name and Address of Contractor Mfs Aman Builders

Nature and location of work _

Sl. No.	Name of workman	Sl. No. in the register of workmen	Designation / nature of work done	No. of days worked	Units of work done	Daily-Rate of wages/ Piece Rate hAb-	Amount Basic wages 8
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WAGES

FORM XVII

[See Rule 78(1) (a)(i)]

Name and Address of Establishment in/under which contract is carried on											
Name and address of Principal Employer											
Wage perio	d : Monthly_	July 2019					`				
1999/40	of wag	es earned					Signature/	Initial of			
Dearness Allowances	Overtime	Other cash payments (Nature of payment to be indicated)	Total	Deductions, if any, (indicate nature) EPF 13		Net amount paid	Thumb impression of workman	contractor or his represen- tative			
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