

FORM XXIII
[See rule 78(1)(a)(iii)]
Register of Overtime

FUTURE ENTERPRISES COMPANY, P-1/427, SULTANPURI, NEW DELHI-110086

SCG, TPDDL, KPM

CONTRACTOR

- 1. Name and Address of Contractor.
- 2. Name and Address of establishment in/under which contract is carried on.
- 3. Nature and location of work.
- 4. Name and address of Principal Employer.

5. For the Month of

OCT. 20

Sl No.	COND ID	EMPLOYEE REGISTRATION NUMBER	Name of workman	Father's/Husband's name	Sex	Designation/nature of employment	Total overtime worked HRS	Overtime rate of wages	Overtime earnings	Date on which overtime wages paid	Remarks
NO OVERTIME DURING THE MONTH OF OCTOBER-2020											

