

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

Name and Address of Contractor, P-1/427, SULTANPURI, NEW DELHI-110086

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

Nature and location of work.

Name and address of Principal Employer.

CONTRACTOR

For the Month of

JUNE..2023

No. 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 JUNE.-2023										

