

FORM VI

(see rule 32)

NOTICE OF PERIODS OF WORK

Name of the Establishment..... Address.....

Registration number (DISH/ COL)

Periods of work Groups, Relays	Men				Women				Description of Groups, Nature of work	Remarks		
	Total no. of men employed				Total no. of women employed							
	A	B	C	D	E	F	G	H				
	1	2	3	1	2	3	1	2	1	2		

On working days

	Working hours	Overtime hours
From		
To		
From		
To		
From		
To		

On partial working days

	Working hours	Overtime hours
From		
To		
From		
To		
From		
To		

Date on which this notice is first exhibited:

Signature of employer :

Date :