FORM -K

(See rule 12)

NOTICE OF WEEKLY HOLIDAY

Name a	and address of the Establishn	nent:		
Name	of the Manager/Authorized re	epresentative.:		
	All the workers in the establ	ishment are hereby i	nformed that the da	ays of weekly
holiday	y of each worker is given bel	ow: -		
Sr.	Name of worker	Designation	Day of weekly	Hours of
No.			holiday	Work
				form to
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				

Date:	Signature of the Manager or
Place:	Authorized representative.