

Name & Address
Of Establishment:-

FORM NO. 12
(Prescribed under Rule 84)

Factory License No. :- _____
LIN No. :- _____

Register of Compensatory Holidays

Sr.	Number in the Register	Name	Group or Relay No.	No. and date of exempting order	year	Weekly rest days lost due to the exempting order in					Date of compensatory holidays given in				
						Jan to Mar	Apr to Jun	Jul to Sept	Oct to Dec	Jan to Mar	Apr to Jun	Jul to Sept	Oct to Dec	Lost rest days carried to the next year	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16