FORM NO. 28

(Prescribed under Rule 110)

MUSTER ROLL

Name & Address Of Establishment:- Month:-

SI. No.	Serial number in the Register of adult /child worker	Name of worker	Father's / Husband's Name	Date of Appoinment	Group to which the worker belong		Number of relay	Adolescent if certified asadult		Period	Daily	Total number	Man days lost due to				Any	Total of 1,	Number of festival	Number of weekly	Total		
					Occupation	Alphabet Assigned	If working In shift	If Number	Token number under Section 68	of work	attendance for the month of	of mandays	Strike	Lay off	Lock out	Leave with pay		other person	15 to Col.	& national holiday	holidays (off) paid for	mandays paid for	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
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^{*} sum of Col. 14 + col. 18 + Col. 22 + Col. 23 + (col. 15 to 17 if paid for).