

Form No. 9
(See rule 33)
Attendance Register (muster roll)

Name of the Establishment:

Name of the Employer:

Number of owner:

Registration no. of the establishment(Labour identification.(LIN) shall be the registration no. of the establishment:

Sr. No Employ ee code	Name Designation Shift	Place of work/section department	Daily attendance for the month of																Total number of days worked	Total number of over- time hours worked	Brief details of tour or assignment outside the work place, if any	Signature of register keeper
			Date (IN) (out)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				
			Date (IN) (out)	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
1,2	3,4,5	6	7																8	9	10	11

1,2	3,4,5	6	7															8	9	10	11