

Form No. 12**(see rule 28)****Notice of period of work for adult workers**

Name of Establishment:	Registration No:
Address:	License No:
District:	NIC code No:
First day of week:	(As given in the license):

Periods of work	Men Total number of men employed				Women Total number of women employed				Identification of the Group		Remarks
Groups Relays	A 123	B 123	C 123	D 123	A 123	B 123	C 123	D 123	Alphabet assigned A,B,Cetc.	Nature of work	
On working days									A		
Form..... To.....									B		
Form..... To.....									C		
Form..... To.....									D		
Form..... To.....									E		

Date on which this notice is first exhibited:

- * Describe the groups & Explain the nature of work against identification letter marked A, B, C, D, E.....
- * National Industrial Classification (NIC)

Signature of Manager Name (In block letters)