

FORM- Q

1. Name of Establishment: _____

2. Name of Employer _____

3. Registration of Employment: _____

Leave at Credit at the month beginning: _____

<i>S.No's</i>	<i>Name of Employees/ Workers</i>	<i>Date of entry into service</i>	<i>Age/Date of birth</i>	<i>Designation</i>	<i>Skilled</i>	<i>Semi- Skilled</i>	<i>Unskilled</i>	<i>CINC Number</i>	<i>Phone Number</i>

Date of Inquiries: _____

Signature _____

Name of Organization/ Establishment: _____

Inspector of Shop