FORM NO. 28

(Prescribed under Rule 110)

MUSTER ROLL

Name & Address Of Establishment :-

Month :-

Sl. 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 If working In shift	Adolescent if certified asadult		Period of work	Daily attendance for the month of	Total number of mandays worked	Man days lost due to					Any other person	Total of 1, 15 to Col. 20	Number of festival & national holiday	Number of weekly holidays (off) paid for	Total mandays paid for	Remarks
					Occupation	Alphabet Assigned		Number & date Of certificate	Token number under Section 68				Strike	Lay off	Lock out	Leave with pay	Leave without pay						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

*** sum of Col. 14 + col. 18 + Col. 22 + Col. 23 + (col. 15 to 17 if paid for).**