

FORM -K

(See rule 12)

NOTICE OF WEEKLY HOLIDAY

Name and address of the Establishment: _____

Name of the Manager/Authorized representative.: _____

All the workers in the establishment are hereby informed that the days of weekly holiday of each worker is given below: -

Sr. No.	Name of worker	Designation	Day of weekly holiday	Hours of Work form ... to...
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				

Date:

Place:

Signature of the Manager or
Authorized representative.