Name and Address of Contractor FORM Name and location of work Distribution Paperts Repl. Aces. Register OF						XXII (A) (iii)) OVERTIME MONTH- AUGUST 2024			Name and Address of Establishment in/under which contract is carried on Telecarry Incerty Name and Address of Principal Employer TPDL 33KV Good Class of The Control Region Control Regi		
SI. No.	Name of workman	Father's/husband Name	Sex	Designation/ Nature of Employment	Date on which overtime	Total Overtime Worked or Production in Case of Piece Rate	Normal Rate of Wages	Overtime Rate of Wages	Overtime Rate Earning	Date on which Overtime Wages Period	Remarks
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