

FORM – II

[See Rule 41]

**BEFORE THE AUTHORITY APPOINTED UNDER SUB SECTION (1) OF SECTION
45 OF THE CODE ON WAGES, 2019 (29 OF 2019)**

FORAREA

Application No of 20

Between ABC and (State the number)other Applicant

(Through employees concerned or registered Trade Union or Inspector-cum-Facilitator

Address

And

XYZ

Address

The application states as follows:

- (1) The applicant(s) whose name(s) appear in the attached Schedule was/ were/ has/ have been employed fromtoas (category) in (establishment) Shri/M/sengaged in (nature of work) which is/ are covered by the Code on Wages, 2019.
- (2) The opponent(s) is/ are the employer(s) within the meaning of section 2 (1) of the Code on Wages, 2019.
- (3) (a) The applicant(s) has/ have been paid wages at less than the minimum rates of wages fixed for their category (categories) of employment(s) under the Code by Rs..... Per day for the period(s) fromto
(b) The applicant(s) has/ have not been paid wages at Rs. Per day for the weekly days of rest from to
(c) The applicant(s) has/ have not been paid wages at overtime rate(s) for the period from to
(d) The applicant(s) has/ have not been paid wages for period fromto
(e) Deductions have been made which are in contravention of the Code, from the wage(s) of the applicant(s) as per details specified in the annexure appended with this application.
- (4) (f) The applicant(s) estimate(s) the value of relief sought by him/ them on each amount as under:
 - a. Rs.
 - b. Rs.
 - c. Rs.Total Rs.
- (5) The applicant(s), therefore, pray(s) that a direction may be issued under section 45 (2) of the Code on Wages, 2019 for;
 - (a) payment of the difference between the wages payable under the Code and the wages actually paid,
 - (b) payment of remuneration for the days of rest.

- (c) payment of wages at the over time rates,
- (d) Compensation amounting to Rs.
- (6) The applicant(s) do hereby solemnly declare(s) that the facts stated in this application are true to the best of his/ their knowledge, belief and information.

Dated

Signature or thumb-impression of the employed person(s), or official of a registered Trade Union duly authorized or Inspector-cum-Facilitator.

Note: The applicant(s), if required, may append annexures containing details, with this application.

Form III
(See rule 42)
Before the Appellate Authority under the Code on Wages, 2019

A.B.C.
AddressAPPELLANT

Vs.

C.D.E.
Address RESPONDENT

DETAILS OF APPEAL:

(1) Particulars of the order against which the appeal is made: Number and date:

The authority who has passed the impugned order:

Amount awarded:

Compensation awarded, if any:

(2) Facts of the Case:

(Give here a concise statement of facts in a chronological order, each paragraph containing as nearly as possible a separate issue or fact).

(3) Grounds for appeal:

(4) Matters not previously filed or pending with any other Court or any Appellate Authority:

The appellant further declares that he had not previously filed any appeal, writ petition or suit regarding the matter in respect of which this appeal has been made, before any Court or any other Authority or Appellate Authority nor any such appeal, writ petition or suit is pending before any of them.

(5) Relief sought:

In view of the facts mentioned above the appellant prays for the following relief(s):-

[Specify below the relief(s) sought]

(6) List of enclosures:

- 1.
- 2.
- 3.
- 4.

.....

Date:

Place:

Signature of the appellant

For office use

.....

Date of filing or

Date of receipt by post Registration No.

Authorized Signatory

Form IV

[See Rule 19 and sub-rule (2) and (3) of Rule 43]

Register of Wages, Overtime, Fine, Deduction for damage and Loss

Name of the Establishment: Name of the Employer

Name of the Owner: PAN/ TAN of the Employer

Labour Registration No./Licence No.

Labour Identification Number (LIN) (if available):

Sr. No in Employee Register	Name of the employee	Designation/ Department	Duration of Payment of Wages (Monthly/ Fortnightly/ Weekly/ Daily/ Piece rated)	Wage Period From- To	Total no. of days employed during the period	Total overtime (hours worked or production in case of piece workers)	Rates of Wages		
							Basic	DA	Allowances
1	2	3	4	5	6	7	8	9	10

Overtime earning	Nature of acts and omissions for which fine imposed with date	Amount of fine imposed	Damage or loss caused to the employer by neglect or default of the employer	Amount of deduction from wages	Total amount of wages paid	Date of Payment	Attendance	
							Date	Signature
11	12	13	14	15	16	17	18	19

FORM V
[See rule 44]
WAGE SLIP

Date of issue:

Name of the EstablishmentAddressPeriod

1. Name of employee/Employee Code:
2. Designation:
3. Category (HS/S/SS/US)*
4. UAN:
5. ESI No:
6. Bank Account No.:
7. Wage period:
8. Rate of wages payable: a.) Basic b.) D.A. c.) Other allowances
9. Total attendance/ unit of work done:
10. Over time hours worked:
11. Over time wages earned, if any:
12. Gross wages payable:
13. Total deductions: a.)PF b.) ESI c.) Others (Please specify like PT/IT, etc.,)
14. Net wages paid:
15. Bank Transaction No:

Employer/ Pay-in-charge signature

*(Highly Skilled/Skilled/Semiskilled/Unskilled)

FORM VI
[See sub-rule (1) of rule 47]
APPLICATION UNDER SUB-SECTION (4) OF SECTION 56 FOR COMPOSITION
OF OFFENCE

1. Name of applicant
2. Father's/ Spouse name
3. Address of the applicant
4. Particulars of the offence:
.....
.....
.....
5. Section of the Code under which the offence is committed:
6. Maximum fine provided for the offence under the Code
7. Whether prosecution against the applicant is pending or not
8. Whether the offence is first offence, or the applicant had committed any other offence prior to the offence. If yes, then, full details of the prior offence.
.....
.....
.....

Form VII

**[See rule 38 (1) (a)]
NOMINATION FORM**

1. Name of person making nomination:
(in block letters)
2. Father's/Spouse's Name:
3. Date of Birth:
4. Sex:
5. Marital Status:
6. Address:
Permanent:
Temporary:

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer in the event of my death

Name of nominee /nominees	Address	Nominee's relationship with the employee	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship, and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)

1. Certified that I have no family and if I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. Certified that my father/mother is/are dependent upon me.
3. Strike out whichever is not applicable.

Signature or thumb-impression of the employee

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt/Ku..... employed in my establishment after he/she has read the entry/entries or have been read over to him/her by me and got confirmed by him/her in either of the cases.

Signature of the employer or other authorized officer of the establishment and designation.

Place:

Date:

Name and address of the factory/establishment and rubber stamp thereof

FORM – VIII

[See Rule 41 and Rule 42]

(A). FORM OF NOTICE TO THE RESPONDENT TO BE ISSUED BY THE AUTHORITY UNDER SUB-SECTION (5) OF SECTION 45

(Title of the application)

To,

Name

Address

Whereas (name of the applicant) has made the above said application to me under the Code on Wages, 2019, you are hereby summoned to appear before me in person or by a duly authorized representative, and required to answer all material questions relating to the application, or shall be, accompanied by some person duly authorized by you and able to answer such question on the Day of 20..... at AM/PM, to answer the claim in application and as the day fixed for the appearance is appointed for the final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence and the documents upon which you intend to rely in support of your defense.

Take notice that in default of your appearance on the day mentioned here above, the application will be heard and disposed in your absence.

Date

Signature of the authority
with seal

(B). FORM OF NOTICE TO THE RESPONDENT TO BE ISSUED BY THE APPELLATE AUTHORITY UNDER SUB-SECTION (1) OF SECTION 49

(Title of the appeal)

To,

Name

Address

Take notice that an appeal (copy of which is enclosed) under section 49 of the Code on Wages, 2019 has been presented by _____ (name of applicant) before the appellate authority, and that the _____ day of _____ 20_____ has been fixed by this appellate authority for the hearing of the appeal.

If no appearance is made by you in person or by a duly authorized representative to act for you in this appeal, it will be heard and decided in your absence

Date

Signature of the authority with seal

Date	22		23		24		25		26		27		28		29		30		31	
Time	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
	Signature																			

Total number of days worked	Total number of overtime hours worked	Brief details of tour or assignment outside the work place, if any	Signature of Register keeper*
(8)	(9)	(10)	(11)

*Note: Required in case register is maintained physically