### FORM – ‘M’

**( *See rule 14***)

NOTICE OF HOURS OF WORK, REST-INTERVAL, WEEKLY HOLIDAY

Name and address of the Establishment:

Name of the Manager/Authorised representative. :

All the workers in the establishment are hereby informed that the hours of work, rest-interval and weekly holiday of each worker is given below:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No.*(1)* | Name of worker*(2)* | Designation*(3)* | Hours of Work from ……. to………..*(4)* | Rest- interval from …...to………(5) | Day of weekly holiday(6) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

Date :

Place : Signature of the Manager or Authorised representative.