

FORM J KAR.SHOPS & COMMERCIAL ESTABLISHMENTS RULES, 1963

Part-I Earned Leave:-

No.of days worked			Leave earned	Leave at credit (including Balance, if any, on return from leave on last occasion)
From	To	Total days worked		
1	2	3	4	5

Leave taken			Balance on return from leave	Date on which wages for leave paid and amount paid	Remarks
From	To	No. of days			
6	7	8	9	10	11

Part -II Sick/ Accident leave (with pay)

Year	Sick/ Accident Leave		Balance at the end of the year
	of Credit	Availed	
1	2	3	4
1997			
1998]			

[FORM 'I'
X X X X X]

FORM 'J'
[See Rule 22]
Form of Certificate

I hereby certify that I have personally examined (name)..... son / daughter of residing at And that he/ she has completed his / her twelfth / seventeenth year.

Description marks are

Thumb impression or signature

Medical Practitioner
