**Payment of Wages (Air Transport Services) Rules, 1968**

**FORM IV**

[Rule 6]

***Muster Roll***

Name of establishment

Name and address of employer

Location Post Office

Wage period from to

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Name of employed person | Designation | Father/Husband’s name |
| 1 | 2 | 3 | 4 |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Daily attendance/ No. of units worked | Total attendance/ Total no of units worked | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 5 | 6 | 7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |