REGISTER OF OVERTIME

Form XXIII

See Rule 78(2)

Name of Address of Contractor
Client Name

INNOVSOURCE PVT. LTD.
Aviation Transportation Services Pvt. Ltd., Delhi

S.No.	Name of Workman	Father's / Husband Name	XXX	Designation / Nature of Employment	Date on which overtime worked	Total Overtime worked or production means of piece rate	Normal rate of wages	Overtime rate of wages	Overtime earning	Date on which overtime wages paid	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

NO OVERTIME FOR THE MONTH SEP-15

on which time wages paid	Remarks
11	12

-15

For Innovsource Private Limited

Authorised Signatory

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