

Name & Address  
Of Establishment:-

**FORM NO. 12**  
**(Prescribed under Rule 84)**

Factory License No. :- \_\_\_\_\_  
LIN No. :- \_\_\_\_\_

**Register of Compensatory Holidays**

Sr.	Number in the Register	Name	Group or Relay No.	No. and date of exempting order	year	Weekly rest days lost due to the exempting order in				Date of compensatory holidays given in					
						Jan to Mar	Apr to Jun	Jul to Sept	Oct to Dec	Jan to Mar	Apr to Jun	Jul to Sept	Oct to Dec	Lost rest days carried to the next year	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16