



TAMIL NADU GOVERNMENT GAZETTE

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NOTIFICATIONS BY GOVERNMENT

CONTENTS

| | <i>Pages.</i> |
|---|---------------|
| LABOUR AND EMPLOYMENT DEPARTMENT | |
| Amendments to the Tamil Nadu Motor Transport Workers Rules, 1965 .. | 10-15 |

NOTIFICATIONS BY GOVERNMENT

LABOUR AND EMPLOYMENT DEPARTMENT

Amendments to the Tamil Nadu Motor Transport Workers Rules, 1965

[G.O. (D) No. 581, Labour and Employment (H1), 10th November 2010.]

No. SRO A-6/2011.—In exercise of the powers conferred by Section 40 of the Motor Transport Worker's Act, 1961 (Central Act 27 of 1961), the Governor of Tamil Nadu hereby makes the following amendments to the Tamil Nadu Motor Transport Workers Rules, 1965, the draft of the same having been previously published as required by sub-section (1) of Section 40 of the said Act.

AMENDMENTS

In the said Rules,—

- (1) in rule 32 in sub-rule (4), clause (e) shall be omitted;
- (2) rules 33 and 34 shall be omitted;
- (3) for rule 35, the following rule shall be substituted, namely:—

“35. *Register of Employment*.—Every employer shall maintain a register of employment of all the workers employed in the undertaking in Form No.XV in which the overtime hours of work and payment therefore shall be entered. This register shall at all reasonable hours be available for inspection”.

- (4) rule 37 shall be omitted;
- (5) for rule 40, the following rule shall be substituted, namely:—

“40. Exemption from liability to maintain register, records, etc., in certain cases:—

Notwithstanding anything contained in rules 35,36,46,47 and 48, if the Chief Inspector is of the opinion that any register or individual control book maintained as part of the routine of any undertaking or return made by the employer or any record issued by the employer to the worker contains, in respect of any or all the workers, the particulars required for the enforcement of the Act and these rules, he may, by order in writing, direct that such register, individual control book, return, record shall, to the corresponding extent, be maintained in the place of and be treated as register or individual control book, return or record required to be maintained or provided under the aforesaid rules in respect of that undertaking”:

- (6) rule 44-A shall be omitted;
- (7) after rule 45, the following rules shall be added, namely:—

46. *Register of Wages*.—Every employer shall maintain a register of wages in Form No. XX.

47. *Wage Slip*.—Wage slip in Form No. XXI shall be issued by the employer to every motor transport worker, every month, a day prior to the disbursement of wages or atleast on the day of disbursement of wages or if the wages are paid daily, along with wages, duly signed by him or by any authorised person and signature of the concerned motor transport worker shall also be obtained. The copies of wage slip issued shall be maintained by the employer and produced to the Inspector on demand.

48. *Register of Advances, Deductions for Damages or Loss and Fines*.—Every employer shall maintain a register of advances, deductions for damages or loss and fines in Form No. XXII”;

- (8) Form No. XI, Form No. XIII, Form No. XIV, Form No. XVII and Form No. XXI shall be omitted;
- (9) for Form No. V, the following Form shall be substituted, namely:—

"FORM No. V.

[See sub-rule (1) of rule 27 and sub-rule (1) of rule 28.]

NOTICE OF DAILY HOURS OF WORK, REST INTERVAL, WEEKLY HOLIDAYS, ETC.

Name and full address of the establishment :

Name of the Employer/Contractor/Managing Director/Managing Partner or Authorised Person with full residential address. :

PART - I

| <i>Serial Number.</i> | <i>Name of the motor transport worker.</i> | <i>Sex.</i> | <i>Father's / Husband's name.</i> | <i>Designation.</i> | <i>Motor transport Worker Number.</i> | <i>Date of entry into service.</i> | <i>Adult / Adolescent / Child.</i> | <i>Shift Number.*</i> | <i>Time of signing on.</i> | <i>Rest interval.</i> | <i>Time of signing off.</i> | <i>Weekly holiday.</i> |
|-----------------------|--|-------------|-----------------------------------|---------------------|---------------------------------------|------------------------------------|------------------------------------|-----------------------|----------------------------|-----------------------|-----------------------------|------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |

Date of Payment of wages:

PART - II

Class of workers
(1)

Rates of wages
(2)

| | |
|---------|---------|
| Maximum | Minimum |
|---------|---------|

* If shifts are not available mention as 'General'.

Signature of the Employer / Contractor / Managing Director / Managing Partner / Manager / Authorised Person.

DATE:

(NAME IN CAPITALS)";

(10) for Form No. XV, the following Form shall be substituted, namely:—

“FORM No. XV

(See rule 35)

REGISTER OF EMPLOYMENT.

Name and address of the establishment :

Month :

Year :

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
|----------------|-------------------------------------|-----------------------------|------------------------|---|--|---------------------------------|---|-------------------------------------|--|--|---|--|
| Serial Number. | Name of the motor transport worker. | Date of entry into service. | Age and date of birth. | Annual leave with wages at credit at the beginning of the month.* | Daily hours of work and over time, if any, '1, 2, 3, ..., 30, 31** | Total hours of overtime worked. | Total Number of days of work done during the month. | Balance of annual leave with wages. | Dates on which weekly rest days lost in the previous months (To be compensated). | Dates on which compensatory holidays are allowed during this period. | Dates of weekly rest lost during this period. | Date of weekly rest lost but yet to be compensated at the end of this month. |

| | |
|-----------------------|------|
| Weekly off | - H |
| Maternity Leave | - ML |
| National Holidays | - NH |
| Festival Holidays | - FH |
| Substituted Holidays | - SH |
| Compensatory Holidays | - CH |

* Earned Leave to be credited at the beginning of the year also to be included in this column.

** the National or approved festival holiday occurring in this month is to be indicated on the top against the respective date.", and

(11) for Form No. XX, the following Forms shall be substituted namely:—

“FORM No. XX

(See rule 46)

REGISTER OF WAGES

Name of Establishment:

Wage Period:

Name of the Employer /
Contractor with Address:

Week / Fortnight / Month / Year:

| Serial Number. | Name of the motor transport worker. | Sex. | Designation / Nature of work. | Daily rated / Monthly rated. | Wage period—Week / FN / Month . | Total Number of days worked during the week / FN / Month. | Units of work done / Number of days worked. | Daily rate of wages / Piece rate. | Overtime rate. | Basic Wages. | Dearness allowance. | Other allowances / Cash payment, nature to be specified. | Over time earned. | Leave wages including cash in lieu of kinds. | Gross wages. | Provident Fund. | E.S.I. | Other deductions (Indicate nature)*. | Fines (if any)*. | Net wages. | Signature with date or thumb impression / Cheque No. and date in case of payment through Bank/ Advice of the bank to be appended. | Total unpaid amounts accumulated**. |
|----------------|-------------------------------------|------|-------------------------------|------------------------------|---------------------------------|---|---|-----------------------------------|----------------|--------------|---------------------|--|-------------------|--|--------------|-----------------|--------|--------------------------------------|------------------|------------|---|-------------------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) |

GRAND TOTAL

Certified that the wages have been paid to all the workers employed for the month of / for the week ending / for the F.N. ending on

Signature of Employer / Manager /
Contractor / Authorised Person.

* Please see Section 3 of the Tamil Nadu Labour Welfare Fund Act, 1972.

** Please see Section 2(1) of the Tamil Nadu Labour Welfare Fund Act, 1972.

FORM No. XXII

(See rule 48)

REGISTER OF ADVANCES DEDUCTIONS FOR DAMAGES OR LOSS AND FINES.

Name and address of the establishment:

Month:

Year:

| Serial Number. | Name of the motor transport worker. | Father / Husband's name. | Employee number. | Designation. | Date of payment | Advance paid | | Deduction for damages or loss | | | | Fines | | | Signature / Thumb impression of the motor transport worker. | Remarks. | | | |
|----------------|-------------------------------------|--------------------------|------------------|--------------|-----------------|--------------|--|-------------------------------|----------------------------|------------------------------------|--|------------------------------------|------------------|----------------------------|---|----------|-------------------------|---------------------------------------|------|
| | | | | | | Amount paid. | Number of instalments to be recovered. | Damage or loss caused. | Date of show cause notice. | Total amount of deduction imposed. | Number of instalments to be recovered. | Date on which deduction completed. | Act or omission. | Date of show cause notice. | | | Amount of fine imposed. | Date on which the recovery completed. | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |

T. PRABHAKARA RAO,
Principal Secretary to Government.