

**FORM - 'M'**

**(See rule 14)**

**NOTICE OF HOURS OF WORK, REST-INTERVAL, WEEKLY HOLIDAY**

Name and address of the Establishment: **Tata Payments Limited,**

1&2 FLOOR, FORT HOUSE, DADABHAI  
NAOROJI ROAD, FORT,  
MUMBAI, MUMBAI, 400001,

Name of the Manager/Authorised representative. :**Mrs. Janaki Maruti Naik**

**Self-Declaration**

All the workers in the establishment are hereby informed that the hours of work, rest-interval and weekly holiday of each person is given below:

Sr. No (1)	Name of worker (2)	Designation (3)	Hours of Work from ..... to ..... (4)	Rest- interval from..... to..... (5)	Day of weekly holiday (6)
1.	All Workers	All Designation	9:30 am – 6: 30am	1:30 to 2: 30(Flexi hours)	Saturday & Sunday.