

FORM - 6  
(Prescribed under Rule -22 )

**Humidity Register**

Department:.....

Hygrometer Distinctive mark or number

.....

Position in department

.....

Year.....Month.....

Date		Reading of hygrometer					Remarks	Signature of person taking the reading
Between 7 and 9.30 am		Between 11 am and 2pm (but not in the rest interval)		Between 4 and 5.30pm				
Dry Bulb	Wet Bulb		Wet Bulb	Dry Bulb	Wet Bulb	Dry Bulb		
1	2	3	4	5	6	7	8	9
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
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31st								

Certified that the above entries are correct.