MUSTER ROLL Rule 78(1)(a)(i) Form XVI

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037

Nature and Location of Work: Security Services, Watch/Ward Unit # 304,3rd Floor, Corporate One Baani JJasola

Name & Address of Establishment In/ under which contract is carried on: Cushman & Wakefield PMSI Pvt. Ltd. Unit # 304,3rd Floor, Corporate

One Baani JJasola

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt. Ltd. Unit # 304,3rd Floor, Corporate One Baani JJasola

For the month of : Apr, 2021

SI No.	Clock NO.	Name	Father Name	Gender	1	2	3 4	1 5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Present Days
1		JAGNARAYAN PATHAK	AMBIKA PATHAK	MALE	Р	Р	P P	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	26





Form XXII Rule 78(1) (a)(ii) Register of Advances

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037
Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on:

Cushman & Wakefield PMSI Pvt. Ltd.
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt. Ltd.

FOR THE MONTH OF

SI.No	Name	Father/Husband Name	Name of employment/Desig nation	Wage period and wage payable	Date and amount of advance given	Purpose(s) for which advance make		Date and amount of each instalment repaid	Date on which last instalment was repaid	Remarks
1	2	3	4	5	6	7	8	9	10	11
			No	Advance paid to an	y employees in the c	urrent month Apr, 2	021			
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FORM XX ,See Rule- 78 (1) (a) (ii) REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037
Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on:

Cushman & Wakefield PMSI Pvt. Ltd.
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt. Ltd.

FOR THE MONTH OF

SI.No	Name of workman	Father/Husban d Name	Nature of Employment/ Designation	Particulars of Damages or Loss	Date of Damage or Loss	Whether workman showed cause against deduction	Name of person in whose presence employees explanation was heard	Amount of deduction imposed	No. of Instalments	Date of First Instalments	Date of Last Instalments	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
				No dec	luction for damag	ges & loss in the	current month Ap	r, 2021				
18. * Q												





FORM XXI Rule 78(1)a(ii) Register of Fines

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037
Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on:

Cushman & Wakefield PMSI Pvt. Ltd.
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt. Ltd.

FOR THE MONTH OF

SI.No	Name of workman	Father/Husband Name	Designation/natu re of employment	Act/Omission for which fine imposed	Date of offence	Whether workman showed cause against fine	Name of person in whose presence employee's explanation was heard	Wage periods and wages payable	Amount of fine imposed	Date on which fine realised	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
				No deduction	for damages & los	s in the current mo	onth Apr, 2021				





Form XXIII Rule 78(1) (a)(iii) Register of Overtime

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037

Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on:

Cushman & Wakefield PMSI Pvt. Ltd.
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt. Ltd.

FOR THE MONTH OF

SI.No	Name of workman	Father/Husband Name	Sex	Designation/natu re of employment	Dates on which overtime worked	Total overtime worked or production in case of piece- rated	Normal rates of wages	Overtime rate of wages	Overtime rate earnings	Date on which overtime wages paid	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
				No OVER TIME	paid to any employ	rees in the current	month Apr, 2021				



REGISTER OF WAGES Form XVII Rule 78(1)(a)(i)

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., L-357, First Floor, Mahipal Pur Extn., NH-8, Near Vijya Bank, New Delhi-110037

Nature and Location of Work: Security, Watch/Ward Unit # 304,3rd Floor, Corporate One Baani JJasola

Name & Address of Establishment In/ under which contract is carried on: Cushman & Wakefield PMSI Pvt. Ltd. Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt. Ltd. Unit # 304,3rd Floor, Corporate One Baani JJasola

For the month of : Apr, 2021

SNo.	Emp Code	Employee Name	Designati on		Monthly rate of wages/pie ce rate	BASIC	VDA	WA	Arrear	Site Allow	Other Allow	OT/NFH	Total	PF	ESI	LWF	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
		JAGNARAYAN PATHAK	GUARD	26	15492	15492	0	100	0	0	4383	0	19975	1800	150	0	22	0	0	1972	18003		ICICI BANK,NEW DELHI	Bank Transfer





FORM XIX See Rule 78(1) (b) Wage Slip

Name & Address of Contractor: G4S Secure Solution (India) Pvt.Ltd

Name & Address of Establishment In/ under which contract is carried on: Cushman & Wakefield PMSI Pvt. Ltd.

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt. Ltd. Unit # 304,3rd Floor,, Corporate One Baani, JJasola,

Month:Apr, 2021

Name of Workman: JAGNARAYAN PATHAK

Father Name: AMBIKA PATHAK

Designation: GUARD

1.	No. of Days Worked	26
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	600.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19975.00
6.	Deductions, if any	1950.00
7.	Net amount of wages paid	18025.00



Initials of the Contractor or his Representative