

**Form A**  
**(See Rule 3)**  
**Muster Roll ( Maternity Benefit Act 1961)**

|   |   |                      |                      |   |         |
|---|---|----------------------|----------------------|---|---------|
|   | Name of Establishment   |                      |                      | PRIONE BUSINESS SERVICES PRIVATE LIMITED, H-9, MCIE, BADARPUR |         |
| 1   | Serial Number   |                      |                      | NO CASE INVOLVED  |         |
| 2   | Name of the woman and her Father or if married, Husband Name  |                      |                      |   |         |
| 3   | Date of Appointment   |                      |                      |   |         |
| 4   | Nature of work  |                      |                      |   |         |
| 5   | Dates with month and year in which she is employed, laid off and not employed   |                      |                      |   |         |
|   | Month   | No. of days employed | No. of days laid off | No. of days not employed                                      | Remarks |
| No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Dec, 2021 |   |                      |                      |   |         |
| 6   | Date on which the woman gives notice under Section 6  |                      |                      | Nil   |         |
| 7   | Date of Discharge or Dismissal, if any.   |                      |                      |   |         |
| 8   | Date of production of proof of pregnancy under section 6  |                      |                      |   |         |
| 9   | Date of birth of child  |                      |                      |   |         |
| 10  | Date of production of proof of delivery or miscarriage or death   |                      |                      |   |         |
| 11  | Date of production of proof of illness referred to in section 10  |                      |                      |   |         |
| 12  | Date with the amount of maternity benefit paid in advance of expected delivery  |                      |                      |   |         |
| 13  | Date with the amount of subsequent payment of maternity benefit.  |                      |                      |   |         |
| 14  | Date with the amount of medical bonus, if paid under section 8  |                      |                      |   |         |
| 15  | Date with the amount of wages paid on account of leave under section 9.   |                      |                      |   |         |
| 16  | Date with amount of wages paid on account of leave under section 10 and period of leave granted   |                      |                      |   |         |
| 17  | Name of the person nominated by the woman under section 6   |                      |                      |   |         |
| 18  | If the woman dies, the date of her death, the name of the person to whom maternity benefit and / or other amount was paid, the amount thereof, and the date of payment        |                      |                      |   |         |
| 19  | If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid |                      |                      |   |         |
| 20  | Signature of the employer of the establishment authenticating the entries in the muster roll  |                      |                      |   |         |
| 21  | Remarks column for the use of the Inspector   |                      |                      |   |         |





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

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028

**Nature and Location of Work :** Security Services, Watch/Ward H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Dec, 2021

| SI No. | Clock NO. | Name             | Father Name | Gender | 1 | 2 | 3 | 4 | 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 | 31 | Present Days |
|--------|-----------|------------------|-------------|--------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------|
| 1      | 13226     | MUNNA KUMAR      | Hari Singh  | MALE   | P | W | P | P | P | P | P | P | W | P  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | P  | W  | P  | 26           |
| 2      | 21024     | KRISHAN PAL      | Budh Singh  | MALE   | P | P | W | P | P | P | P | P | W | P  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | P  | W  | 26           |
| 3      | 186368    | SONU SINGH TOMAR | BUDH SINGH  | MALE   | P | W | P | P | P | P | P | W | P | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | P  | W  | P  | 26           |







**REGISTER OF DEDUCTION FOR DAMAGE OR LOSS  
FORM XX ,See Rule- 78 (1) (a) (ii)**

**Name & Address of Contractor :**G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028

**Nature and Location of Work :** Security, Watch/Ward H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Dec, 2021

| SNo.   | Name of Employee | Father/Husband 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 | First Instalments | Last Instalments | Remarks |
|--|------------------|---------------------|----------------------------------|--------------------------------|------------------------|--|--|-----------------------------|--------------------|-------------------|------------------|---------|
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
| No Deduction for Damages & loss in the current month Dec, 2021 |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |
|  |                  |                     |                                  |                                |                        |  |  |                             |                    |                   |                  |         |









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

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028

**Nature and Location of Work :** Security, Watch/Ward H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Dec, 2021

| SNo. | Emp Code | Employee Name    | Designation | Attd (in days) | Monthly rate of wages/piece 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     |
|------|----------|------------------|-------------|----------------|----------------------------------|-------|-----|-----|--------|------------|-------------|--------|-------|------|-----|-----|-----|------|-----------|-----------|-----------------|-------------------|----------------------|---------------|
| 1    | 13226    | MUNNA KUMAR      | HEAD GUARD  | 26             | 16184                            | 16184 | 0   | 100 | 0      | 0          | 946         | 0      | 17230 | 1800 | 129 | 1   | 22  | 0    | 0         | 1952      | 15279           | '0602000115335091 | PUNJAB NATIONAL BANK | Bank Transfer |
| 2    | 21024    | KRISHAN PAL      | HEAD GUARD  | 26             | 16184                            | 16184 | 0   | 100 | 0      | 0          | 946         | 0      | 17230 | 1800 | 129 | 1   | 22  | 0    | 0         | 1952      | 15279           | '1768101111402    | CANARA BANK          | Bank Transfer |
| 3    | 186368   | SONU SINGH TOMAR | HEAD GUARD  | 26             | 16124                            | 16124 | 0   | 100 | 0      | 0          | 944         | 0      | 17168 | 1800 | 129 | 1   | 22  | 0    | 0         | 1952      | 15216           | '503010262055     | KOTAK MAHINDRA BANK  | 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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,

**Month:**Dec, 2021

**Name of Workman:** MUNNA KUMAR

**Father Name:** Hari Singh

**Designation:** HEAD 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                    | 626.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 17230.00 |
| 6. | Deductions, if any                                | 1952.00  |
| 7. | Net amount of wages paid                          | 15279.00 |

Initials of the Contractor or his Representative





**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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

**Month:**Dec, 2021

**Name of Workman:** KRISHAN PAL

**Father Name:** Budh Singh

**Designation:** HEAD 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                    | 626.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 17230.00 |
| 6. | Deductions, if any                                | 1952.00  |
| 7. | Net amount of wages paid                          | 15279.00 |

Initials of the Contractor or his Representative





**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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

**Month:**Dec, 2021

**Name of Workman:** SONU SINGH TOMAR

**Father Name:** BUDH SINGH

**Designation:** HEAD 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                    | 624.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 17168.00 |
| 6. | Deductions, if any                                | 1952.00  |
| 7. | Net amount of wages paid                          | 15216.00 |

Initials of the Contractor or his Representative

