



TO WHOMSOEVER IT MAY CONCERN

Declaration for Remittance under  
The E.S.I. Act, 1948 and The Employees Provident Fund & Miscellaneous Provisions Act, 1952

This is to certify that the Provident Fund contribution and ESIC contribution have been remitted to the appropriate authorities for the contract labour engaged in For the month of Oct, 2021

S.NO.	Clock No	Employee Name	PF Wages (In Rs.)	UAN No.	PF Employee	PF Employer	ESI NO	ESI Wages	ESI Employee	ESI Employer
1	013226	MUNNA KUMAR	15000.00	'100238530173	1800.00	1800.00	'2004954576	16624.00	125.00	790.00
2	021024	KRISHAN PAL	15000.00	'100196036760	1800.00	1800.00	'2005563211	16624.00	125.00	790.00
3	186368	SONU SINGH TOMAR	15000.00	'100360578272	1800.00	1800.00	'1106823048	16582.00	125.00	788.00



**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 : Oct, 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., 22-23, Local shopping center, Madan Giri, New Delhi-110063

**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 :** Oct, 2021

Sl 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	013226	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	P	W	P	P	P	P	P	W	A	25	
2	021024	KRISHAN PAL	Budh Singh	MALE	P	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	26
3	186368	SONU SINGH TOMAR	BUDH SINGH	MALE	P	W	P	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	W	A	25





**REGISTER OF ADVANCES**  
**FORM XXII, See Rule-78 (1) (a) (iii)**

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 22-23, Local shopping center, Madan Giri, New Delhi-110063

**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 :** Oct, 2021

SNo.	Name of Employee	Father/Husband Name	Nature of employment/Designation	Wage Peroid and wages Payable	Date and amount of advance given	Purpose(s) for Which advance mace	No of Instalments by which advance to be repaid	Date and amount of each instalment was paid	Date on which last instalment was repaid	Remarks
1	MUNNA KUMAR	Hari Singh	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	Not taken advance this month
2	KRISHAN PAL	Budh Singh	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	Not taken advance this month
3	SONU SINGH TOMAR	BUDH SINGH	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	Not taken advance this month





**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., 22-23, Local shoping center, Madan Giri, New Delhi-110063

**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 :** Oct, 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
1	MUNNA KUMAR	Hari Singh	HEAD GUARD									No adamage or loss in this month
2	KRISHAN PAL	Budh Singh	HEAD GUARD									No adamage or loss in this month
3	SONU SINGH TOMAR	BUDH SINGH	HEAD GUARD									No adamage or loss in this month





**REGISTER OF FINES**  
**FORM XXI, See Rule-78 (1) (a) (ii)**

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 22-23, Local shopping center, Madan Giri, New Delhi-110063

**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 :** Oct, 2021

SNo.	Name of Workman	Father/Husband Name	Nature of employment/Designation	Act/Omission for which fine imposed	Date of Offence	Name of person in whose presence employees explanation was heard	Wage period and wage payable	Amount of fine imposed	Date on which fine realised	Remarks
1	MUNNA KUMAR	Hari Singh	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	No Fine in this month
2	KRISHAN PAL	Budh Singh	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	No Fine in this month
3	SONU SINGH TOMAR	BUDH SINGH	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	No Fine in this month





**REGISTER OF OVERTIME**  
**FORM XXIII, See Rule 78 (1) (a) (iii)**

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 22-23, Local shopping center, Madan Giri, New Delhi-110063

**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 :** Oct, 2021

SNo.	Name of Workman	Father/Husband Name	Sex	Nature of employment/Designation	Dates on which overtime worked	Total overtime worked or production in case of piece--rates	Normal rate of wages	overtime rate of wages	overtime earnings	Date on which overtime wages paid	Remarks
1	MUNNA KUMAR	Hari Singh	MALE	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	NIL
2	KRISHAN PAL	Budh Singh	MALE	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	NIL
3	SONU SINGH TOMAR	BUDH SINGH	MALE	HEAD GUARD	NIL	NIL	NIL	NIL	NIL	NIL	NIL





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

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 22-23, Local shopping center, Madan Giri, New Delhi-110063

**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 :** Oct, 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	013226	MUNNA KUMAR	HEAD GUARD	26	16008.00	16008.00	0.00	100.00	0.00	0.00	616.00	0.00	16724.00	1800.00	125.00	0.00	22.00	0.00	0.00	1947.00	14777.00	'06020001153350 91	PUNJAB NATIONAL BANK	Bank Transfer
2	021024	KRISHAN PAL	HEAD GUARD	26	16008.00	16008.00	0.00	100.00	0.00	0.00	616.00	0.00	16724.00	1800.00	125.00	0.00	22.00	0.00	0.00	1947.00	14777.00	'1768101111402	CANARA BANK	Bank Transfer
3	186368	SONU SINGH TOMAR	HEAD GUARD	26	15968.00	15968.00	0.00	100.00	0.00	0.00	614.00	0.00	16682.00	1800.00	125.00	0.00	22.00	0.00	0.00	1947.00	14735.00	'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:**Oct, 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	620.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16724.00
6.	Deductions, if any	1947.00
7.	Net amount of wages paid	14777.00

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:**Oct, 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	620.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16724.00
6.	Deductions, if any	1947.00
7.	Net amount of wages paid	14777.00

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:**Oct, 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	618.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16682.00
6.	Deductions, if any	1947.00
7.	Net amount of wages paid	14735.00

Initials of the Contractor or his Representative

