

# Form-XIV (see Rule 76) Employment Card

#### Name & Address of Contractor:

G4S Secure Solutions India Private Limited
49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi 110055

Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

#### Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of Principal Employer:

InstaKart Services Private Limited

1	Name of the workman and address	SUSHIL KUMAR JHA
2	S.No. in the register of workman employed	
3	Nature of employment / designation	SUPERVISOR
4	Wages rate (with particularly of unit in case of piece work)	19664.00
5	Wage period	Monthly
6	Tenure of Employment	08-02-1993
7	Remarks	



Signature of the Contractor



# Form-XIV (see Rule 76) Employment Card

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G4S Secure Solutions India Private Limited
49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi 110055

Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

#### Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of Principal Employer:

InstaKart Services Private Limited

1	Name of the workman and address	MUKESH KUMAR SAINI
2	S.No. in the register of workman employed	
3	Nature of employment / designation	GUARD
4	Wages rate (with particularly of unit in case of piece work)	16164.00
5	Wage period	Monthly
6	Tenure of Employment	14-06-2010
7	Remarks	



Signature of the Contractor



# 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 Plot No.19, Chatterpur Extension A-1 BLOCK,

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

For the month of: Apr, 2022

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	2965	SUSHIL KUMAR JHA	SUPERVISOR	26	19564	19564	0	100	0	0	8045	0		1800		0	25	0	4523	6556	21153	'264104000086383	IDBI BANK,DELHI	Bank Transfer
2	378779	MUKESH KUMAR SAINI	GUARD	26	16064	16064	0	100	0	0	1236	0	17400	1800	130	0	25	0	0	1955	15445	'0168ZM3017001	INDUSIND Bank - New Delhi	Bank Transfer





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028 Security, Watch/Ward.

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

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

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, 2022				





### 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:InstaKart Services Private Limited

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer:InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Month:Apr, 2022

Name of Workman: SUSHIL KUMAR JHA

Father Name: Ram Shankar Jha Designation: SUPERVISOR

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	756.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	27709.00
6.	Deductions, if any	6556.00
7.	Net amount of wages paid	21153.00



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:InstaKart Services Private Limited

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer:InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Month:Apr, 2022

Name of Workman: MUKESH KUMAR SAINI Father Name: SH. CHHOTU RAM SAINI

**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	622.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	17400.00
6.	Deductions, if any	1955.00
7.	Net amount of wages paid	15445.00



Initials of the Contractor or his Representative



## 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., 47-48, C Block Community Center Naraina, New Delhi-110028 Security, Watch/Ward.

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

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

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 dama	ges & loss in the	current month Ap	r, 2022				
18. * Q												





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028 Security, Watch/Ward.

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

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

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, 2022				





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028 Security, Watch/Ward.

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

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

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	No. of instalments of which advance to be repaid	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
		Γ	No	Advance paid to any	y employees in the c	current month Apr, 2	022	<u> </u>	Г	



		•	Rule 3)					
	<u>Mı</u>	uster Roll ( Materr	nity Benefit Act 196					
	Na	ame of Establishme	ent	InstaKart Services Plot No.19, Chatter BLO	rpur Extension A			
1		Serial Number						
2	Name of the w	oman and her Fath	er or if married,					
		Husband Name		NO CASE I	NVOLVED			
3	[	Date of Appointmer						
4	D	Nature of work						
5		ind year in which sl off and not employe	he is employed, laid					
		No. of days	No. of days	No. of days				
	Month	employed	laid off	not employed	Remarks			
	No Any Maternity Lo	• •	•	· · ·	)22			
6			ce under Section 6	,	-			
7		ischarge or Dismis						
8	Date of production	of proof of pregnar	ncy under section 6					
9		Date of birth of child	d					
10	Date of production	of proof of deliver	y or miscarriage or	_ _ _				
11	Date of production	of proof of illness re	eferred to in section					
12		Int of maternity ben of expected deliver	efit paid in advance					
13		amount of subsequ maternity benefit.						
14	Date with the am	ount of medical bo section 8	nus, if paid under					
15	Date with the amo	unt of wages paid of under section 9.	on account of leave	Nil				
16		nt of wages paid on n 10 and period of I						
17		son nominated by t						
18	·	the date of her dea naternity benefit and bunt thereof, and th						
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	ne employer of the	establishment					
21	Remarks col	umn for the use of	the Inspector					