

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

Nature and Location of work:

Security & Services MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,NEW DELHI Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,NEW DELHI

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	PREMCHAND KUMAR
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)	20119.00
5	Wage period	Monthly
6	Tenure of Employment	22-11-1991
7	Remarks	



Signature of the Contractor



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

Nature and Location of work:

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Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	KARAMVIR
2	S.No. in the register of workman employed	
3	Nature of employment / designation	HEAD GUARD
4	Wages rate (with particularly of unit in case of piece work)	16666.00
5	Wage period	Monthly
6	Tenure of Employment	05-06-2003
7	Remarks	



Signature of the Contractor



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

Name & Address of Contractor : G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Nature and Location of Work : Security Services, Watch/Ward MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL) Crimson Financial Name and Address of Prinicipal employer : InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd For the month of : Aug, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1 2	3	4 5	56	7	8 9	9 1	0 11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Present Days
1	25648	KARAMVIR	ANUP SINGH RANA	MALE	ΡP	W	ΡF	PA	Ρ	ΡF	γ	/ P	PL	PL	Ρ	Ρ	Ρ	W	Ρ	Ρ	А	Ρ	Ρ	Ρ	W	Ρ	Ρ	А	Ρ	Ρ	Ρ	W	23
2	1324	PREMCHAND KUMAR	Tulsi Saw	MALE	A A	А	AA	٩P	А	A	A A	A	Ρ	Ρ	А	А	А	А	А	А	Ρ	А	А	А	А	CL	А	Ρ	А	А	А	А	6





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

Name & Address of Contractor : G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055

Nature and Location of Work : Security, Watch/Ward MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pv

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 I	WF	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	25648	KARAMVIR	HEAD GUARD	26	16566	16566	0	100	0	0	1911	0	18577	1800	139	0	22	0	0	1961	16616	'3008101009625	CANARA BANK	Bank Transfer
2	1324	PREMCHAND KUMAR	SUPERVISOR	25	20019	19249	0	96	0	0	770	0	20115	1800	151	0	22	0	3513	5486	14629	'503010271852	KOTAK MAHINDRA BANK	Bank Transfer





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

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

InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd NEW DELHI Name and Address of Prinicipal employer: InstaKart Services Private Limited FOR THE MONTH OF

Aug, 2022

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	ees in the current	month Aug, 2022				
11d * Grs	1		L	1			I				





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 MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crims

Month:Aug, 2022

Name of Workman: PREMCHAND KUMAR Father Name: Tulsi Saw Designation: SUPERVISOR

1.	No. of Days Worked	25
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	774.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	20115.00
6.	Deductions, if any	5486.00
7.	Net amount of wages paid	14629.00



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 MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd,MangolpuriHub_DEL (MundkaHub_DEL) Crims

Month:Aug, 2022

Name of Workman: KARAMVIR Father Name: ANUP SINGH RANA

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	641.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	18577.00
6.	Deductions, if any	1961.00
7.	Net amount of wages paid	16616.00



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., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited

MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd NEW DELHI **Name and Address of Prinicipal employer:** InstaKart Services Private Limited

FOR THE MONTH OF

Aug, 2022

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 ded	uction for damag	es & loss in the c	urrent month Au	g, 2022				
11d. * Gr.												





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

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

InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd NEW DELHI Name and Address of Prinicipal employer: InstaKart Services Private Limited FOR THE MONTH OF

Aug, 2022

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 Aug, 2022			-	
114: * 02.0											





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

Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd NEW DELHI Name and Address of Prinicipal employer: InstaKart Services Private Limited FOR THE MONTH OF Aug, 2022

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
				Advance neid to any		urrent menth Aug. 2	000			
				Auvance paid to any	employees in the c	uneni montin Aug, Z	022			
1.6. * Gr										



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	Ν.4.	•	Rule 3) hity Bonofit Act 196	24.)	
		uster Roll (Matern	InstaKart Service Mangolpu (MundkaHub_DEL Services Pvt Ltd M (MundkaHub_DEL Services Pvt Ltd M (MundkaHub_DEL	es Private Limited, riHub_DEL) Crimson Financial angolpuriHub_DEL) Crimson Financial angolpuriHub_DEL) Crimson Financial td NEW DELHI	
1		Serial Number			
2	Name of the w	oman and her Fath Husband Name	NO CASE	INVOLVED	
3		Date of Appointmer	ıt		
4		Nature of work			
5		and year in which sh off and not employe	ne is employed, laid d		
	Month	No. of days	No. of days	No. of days	Remarks
		employed	laid off	not employed	Tremants
	No Any Maternity Le	eave Availed by G4	S Lady Gaurd for th	e month of : Aug, 2	.022
6	Date on which the	e woman gives notic	ce under Section 6		
7	Date of D	bischarge or Dismiss	sal, if any.		
8	Date of production	of proof of pregnar	ncy under section 6		
9		Date of birth of child	k		
10	Date of productior	n of proof of delivery death	y or miscarriage or		
11	Date of production	of proof of illness re 10	eferred to in section		
12		unt of maternity ben of expected delivery	efit paid in advance /		
13		amount of subseque maternity benefit.			
14	Date with the am	nount of medical bo section 8	nus, if paid under		
15	Date with the amo	unt of wages paid o under section 9.	on account of leave	N	lil
16		nt of wages paid on n 10 and period of I			
17	Name of the per	son nominated by t section 6	he woman under		
18	person to whom m	the date of her dea naternity benefit and ount thereof, and th			
19	person to whom the	e amount of matern	es, the name of the ity benefit was paid or which it was paid		
20		he employer of the ing the entries in the			
21	Remarks col	lumn for the use of	the Inspector		

