

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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	RAM GOPAL
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)	16726.00
5	Wage period	Monthly
6	Tenure of Employment	06-05-1993
7	Remarks	



Signature of the Contractor



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Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	AKHIL KR SINGH
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)	16706.00
5	Wage period	Monthly
6	Tenure of Employment	01-04-1998
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:

Security & Services JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	RAMESH CHANDRA SHARMA
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	01-09-2005
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., 47-48, C Block Community Center Naraina, New Delhi-110028

Nature and Location of Work : Security Services, Watch/Ward JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI Name and Address of Principal employer : InstaKart Services Private Limited JasolaHub_DEL (B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI

SI No.	Clock NO.	Name	Father Name	Gender	1	2	3	4	5	6	7	8	9	10	11	12	13 1	4 1	5 16	i 17	18	19	20	21	22	23	24	25	5 2	6 27	7 2	8 2	29 3	30 3	Present	Days
1	3439	RAM GOPAL	Har Gyani	MALE	CL	CL	CL	А	PL	PL	PL	CL	P	W	А	ΡF	P	P	Ρ	W	А	Ρ	Ρ	Ρ	Ρ	Ρ	W	А	Ρ	Ρ	Ρ	Ρ	P	W		23
2	16465	AKHIL KR SINGH	Vrijanand Singh	MALE	Р	Ρ	W	А	Ρ	Р	Р	Р	A	CL	A	A A	A	A	А	А	А	А	А	А	А	PL	PL	PL	. Α	PL	. Α	Р	LA	A		12
3	90335	RAMESH CHANDRA SHARMA	RAM CHANDRA SHARMA	MALE	А	А	А	Р	A	A	Α	А	A	A	Р	A C	LA	A	А	А	Ρ	А	А	А	А	А	А	Ρ	A	А	A	А	F	LΑ		6





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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHA

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	3439	RAM GOPAL	HEAD GUARD	26	16626	16626	0	100	0	0	1279	0	18005	1800	135	0	22	0	0	1957	16048	'503010196980	KOTAK MAHINDRA BANK	Bank Transfer
2	16465	AKHIL KR SINGH	HEAD GUARD	20	16606	12774	0	77	0	0	1597	0	14447	1533	108	0	22	0	0	1663	12784	'503010229417	KOTAK MAHINDRA BANK	Bank Transfer
3	90335	RAMESH CHANDRA SHARMA	HEAD GUARD	26	16566	16566	0	100	0	0	956	0	17622	1800	132	0	22	0	0	1954	15668	'503010141221	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., 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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI **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	ees in the current	month Aug, 2022				
18. * Q.											





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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI Month:Aug, 2022 Name of Workman: RAM GOPAL Father Name: Har Gyani

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	643.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	18005.00
6.	Deductions, if any	1957.00
7.	Net amount of wages paid	16048.00



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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI Month:Aug, 2022 Name of Workman: AKHIL KR SINGH Father Name: Vrijanand Singh Designation: HEAD GUARD

1.	No. of Days Worked	20
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	643.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	14447.00
6.	Deductions, if any	1663.00
7.	Net amount of wages paid	12784.00



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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2,NEW DELHI Month:Aug, 2022 Name of Workman: RAMESH CHANDRA SHARMA Father Name: RAM CHANDRA SHARMA

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	17622.00
6.	Deductions, if any	1954.00
7.	Net amount of wages paid	15668.00



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 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI

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 ded	uction for damag	es & loss in the c	current month Au	g, 2022				
118: * Gg												





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

JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI 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 Aug, 2022				
J.d. * @											





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

JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B-6/8, OKHLA PHASE-2 NEW DELHI 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		Remarks
1	2	3	4	5	6	7	8	9	10	11
			No	Advance paid to any	/ employees in the c	urrent month Aug, 2	.022	1		
						0.				



			m A			
	M	•	Rule 3) Nity Bonofit Act 196	31)		
	Muster Roll (Maternity Benefit Act 19		61) InstaKart Services Private Limited, JasolaHub_DEL (OkhlaHub_DEL) B 6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B 6/8, OKHLA PHASE-2 JasolaHub_DEL (OkhlaHub_DEL) B 6/8, OKHLA PHASE-2 NEW DELHI			
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	No. of days	No. of days	Remarks	
		employed	laid off	not employed		
	No Any Maternity Le			ne month of : Aug, 2 I	022	
6	Date on which the woman gives notice under Section 6					
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			4	
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	person to whom m		ath, the name of the d / or other amount e date of payment			
19	If the woman dies a person to whom the	and the child surviv e amount of matern	es, the name of the hity benefit was paid or which it was paid	ł		
20	, e	he employer of the ing the entries in the				
		Remarks column for the use of the Inspector				