

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 Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

Name and Address of Prinicipal employer: InstaKart Services Private Limited Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

For the month of: Jun, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1	2	3	4	5	6	7	8	9 1	10	11 1	2 1	3 1	4 15	16	17	18	19 2	0 2	1 22	2 23	24	25	26	27	28	29	30 I	Present Days
1	10121	M C PATHAK	Umesh Chander Pathak	MALE	Α	Р	Р	Р	Р	Р	Α	W	Р	Р	P F	P	P	W	Р	Р	Р	P F	Α	W	Р	Р	Р	Р	Р	А	W	Р	21
2	13810	MITHILESH KUMAR DUBEY	Ramkinkar Dubey	MALE	Α	Α	Α	Α	Α	Α	Α	Α	Α .	Α	A A	A A	A A	A	PL	PL	PL I	PL P	L PI	L PI	_ A	Α	Α	Р	Α	А	Α	Α	8
3	134926	KALPANA DEVI	RINKU KASHYAP	FEMALE	Α	Α	Α	Α	Α	Α	Α	Α	Α	Р	P A	A A	A A	A	Α	Α	Α	A A	A	Α	. A	CL	CL	CL	Α	CL	CL	Α	7
4	174509	KRISHAN KUMAR	SHUBH KARAN SHUKLA	MALE	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	P F	P V	V F	Р	Р	Р	Р	PV	V P	P	Р	Р	Р	CL	W	PL	Р	Р	26
5	186396	SATYENDRA KUMAR SONI	DEO MUNI SETH	MALE	PL F	PL F	PL P	L P	L P	L PL	Α	Α	Α	A A	A	A	. A	Α	Α	Α	Α	Р	Α	Α	16								
6	26606	SAVITRI YADAV	GHASEETU	FEMALE	Α	CL	Α	Α	Р	Α	Α	PL	PL .	Α	A F	P	A A	A	Α	Α	Α	P A	A	A	. A	Α	Α	Р	Α	Α	Α	Α	7
7	904925	ANJALI	RAJESH SHARMA	FEMALE	Р	Р	Р	Р	Α	Р	W	Р	P (CL	CL /	A F	V	V P	Р	Р	Р	A F	N	/ P	Р	Р	Р	Α	Р	W	Р	Р	22
8	552971	NEERAJ KUMAR	RAM NARESH GIRI	MALE	Р	Р	Α	Р	Р	W	Р	Р	Α	Р	P F	P V	V F	Р	Α	Р	Р	PV	V P	P	Р	Р	Р	Р	W	Р	Р	CL	23
9	285284	SUBEDAR KUMAR PANDEY	SHUSHIL KUMAR PANDEY	MALE	Р	Р	Р	CL	W	Р	Р	Р	P	Α	PV	V F	P	A	Р	Α	Р	N F	P	Р	Α	Α	Р	W	Р	Р	Α	Р	20
10	633172	KUNDAN KUMAR	VISHWNATH SINGH	MALE	Р	Α	Р	Р	W	Р	Р	Α	Р	Р	P V	V F	P	P	Р	Р	Α	N F	P	Α	. Р	Р	Р	W	Р	Р	Р	Р	22
11	852990	SANJAY YADAV	AMBIKA YADAV	MALE	Р	Р	Р	Р	CL	W	Р	Р	Р	Р	A A	A V	V F	P	Р	Р	Ρ (CL V	V P	P	Р	Р	Α	CL	W	Р	Р	Р	23





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 Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

Name and Address of Prinicipal employer: InstaKart Services Private Limited Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI

For the month of: Jun, 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	10121	M C PATHAK	HEAD GUARD	25	16616	15977	0	96	0	884	17	0	16974	1800	127	1	22	0	0	1950	15024	'3590668483	CENTRAL BANK OF INDIA	Bank Transfer
2	13810	MITHILESH KUMAR DUBEY	HEAD GUARD	21	16606	13413	0	81	0	1004	196	0	14693	1610	110	1	22	0	0	1743	12950	'503010291179	KOTAK MAHINDRA BANK	Bank Transfer
3	134926	KALPANA DEVI	LADY GUARD	14	16506	8888	0	54	0	459	675	0	10076	1067	76	1	22	0	0	1166	8910	'0192104000157094	IDBI BANK,DELHI	Bank Transfer
4	174509	KRISHAN KUMAR	GUARD	26	16506	16506	0	100	0	833	0	0	17439	1800	131	1	22	0	0	1954	15485	'0192104000157513	IDBI BANK,DELHI	Bank Transfer
5	186396	SATYENDRA KUMAR SONI	HEAD GUARD	17	16566	10832	0	65	0	731	0	0	11628	1300	87	1	22	0	0	1410	10218	'503010196115	KOTAK MAHINDRA BANK	Bank Transfer
6	26606	SAVITRI YADAV	LADY HEAD GUARD	23	16606	14690	0	88	0	0	1183	0	15962	1763	120	1	22	0	0	1906	14056	'264104000078861	IDBI BANK,DELHI	Bank Transfer
7	904925	ANJALI	LADY GUARD	26	16506	16506	0	100	0	527	2	0	17135	1800	128	1	22	0	0	1951	15184	'33169498805	STATE BANK OF INDIA	Bank Transfer
8	552971	NEERAJ KUMAR	GUARD	26	16506	16506	0	100	0	850	635	0	18091	1800	135	1	22	0	0	1958	16133	'520481029154697	UNION BANK OF INDIA	Bank Transfer
9	285284	SUBEDAR KUMAR PANDEY	GUARD	26	16506	16506	0	100	0	748	17	0	17371	1800	130	1	22	0	0	1953	15418	'0192104000164849	IDBI BANK,DELHI	Bank Transfer
10	633172	KUNDAN KUMAR	GUARD	26	16506	16506	0	100	0	799	0	0	17405	1800	130	1	22	0	0	1953	15452	'100032738703	INDUSIND Bank - New Delhi	Bank Transfer
11	852990	SANJAY YADAV	GUARD	26	16506	16506	0	100	0	612	652	0	17870	1800	134	1	22	0	0	1957	15913	'30980060389	STATE BANK INDIA, NEW DELHI	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

Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, 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 Jun, 2022				





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

Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, 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 dec	luction for damag	ges & loss in the o	current month Jui	n, 2022				





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

Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, 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 Jun, 2022				





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

Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, 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		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
			No	Advance paid to any	y employees in the c	urrent month Jun, 2	022			
					. ,	,				



Muster Roll (Maternity Benefit Act 1961) InstaKart Services Private Limited Upper Ground Floor 60 Rajastar Udyog Nagar, Upper Ground Floor Rajastani Udyog Nagar, Upper			For (See R							
Name of Establishment Name of Incor 60 Rajastan Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, New DELHI Name of the woman and her Father or if married, Husband Name No CASE INVOLVED		Mu	•	•	61)					
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 No. of days No. of days No. of days No. of days Remarks					InstaKart Services Private Limited, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, Upper Ground Floor 60 Rajastani Udyog Nagar, NEW DELHI					
3 Date of Appointment 4 Nature of work 5 Dates with month and year in which she is employed, laid off and not employed No. of days No. of days No. of days employed laid off and not employed laid off not employed No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Jun, 2022 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 10 Date of production of proof of illness referred to in section 6 11 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 wages paid on account of leave under section 9. 15 Date with the amount of wages paid on account of leave under section 10 and period of leave granted 16 Name of the person nominated by the woman under section 6 17 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.	1		Serial Number							
3 Date of Appointment 4 Nature of work 5 Dates with month and year in which she is employed, laid off and not employed No. of days No. of days No. of days Month No. of days No. of days No. of days employed laid off not employed No Any Maternity Leave Availed by G4S Lady Gaurd for the month of: Jun, 2022 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 production of proof of delivery or miscarriage or death 10 Date of production of proof of illness referred to in section 10 11 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 10 and period of leave granted 16 Name of the person nominated by the woman under section 6 17 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.	2	Name of the wo		er or if married,	NO CASE INVOLVED					
Dates with month and year in which she is employed, laid off and not employed No. of days No. o	3	Г	Date of Appointmen	t		-				
Month No. of days	4		• •							
No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Jun, 2022 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 production of proof of delivery or miscarriage or death 10 Date of production of proof of illness referred to in section 10 11 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 subsequent payment of maternity benefit. 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 lf 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.	5		•	• •						
No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Jun, 2022 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 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		Mandh	No. of days	No. of days	No. of days	Damada				
Date on which the woman gives notice under Section 6 Date of Discharge or Dismissal, if any. Date of production of proof of pregnancy under section 6 Date of production of proof of pregnancy under section 6 Date of production of proof of delivery or miscarriage or death Date of production of proof of illness referred to in section 10 Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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		Month	employed	laid off	not employed	Remarks				
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		No Any Maternity Le	eave Availed by G4	S Lady Gaurd for th	ne month of : Jun, 2	022				
Date of production of proof of pregnancy under section 6 Date of birth of child Date of production of proof of delivery or miscarriage or death Date of production of proof of illness referred to in section 10 Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	6	Date on which the	woman gives notic	e under Section 6						
Date of birth of child Date of production of proof of delivery or miscarriage or death Date of production of proof of illness referred to in section 10 Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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.	7	Date of D	ischarge or Dismiss	sal, if any.						
Date of production of proof of delivery or miscarriage or death Date of production of proof of illness referred to in section 10 Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	8	Date of production	of proof of pregnan	ncy under section 6						
Date of production of proof of illness referred to in section 10 Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	9	[Date of birth of child	d						
Date with the amount of maternity benefit paid in advance of expected delivery Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	10	Date of production		or miscarriage or						
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 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	11	Date of production	-	eferred to in section						
Date with the amount of subsequent payment of maternity benefit. Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	12		•	•						
Date with the amount of medical bonus, if paid under section 8 Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	13		amount of subseque							
Date with the amount of wages paid on account of leave under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	14	Date with the am	ount of medical bor	nus, if paid under						
Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 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	15	Date with the amou	unt of wages paid o	n account of leave	١	Nil				
Name of the person nominated by the woman under section 6 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	16		t of wages paid on							
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	17		son nominated by the							
	18	person to whom m	the date of her dea	d / or other amount						
person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid	19	If the woman dies a person to whom the	and the child survive amount of matern	es, the name of the ity benefit was paid						
Signature of the employer of the establishment authenticating the entries in the muster roll	20	Signature of the	ne employer of the	establishment						
21 Remarks column for the use of the Inspector	21									

