

Form-XIV (see Rule 76) Employment Card

Name & Address of Contractor:

G4S Secure Solutions India Private Limited
47-48, C Block Community Center Naraina, New Delhi-110028

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

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

Nature and Location of work:

Security & Services Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

Name and address of Principal Employer:

Cushman & Wakefield PMSI Pvt Ltd , Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

1	Name of the workman and address	JAGNARAYAN PATHAK
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)	16606.00
5	Wage period	Monthly
6	Tenure of Employment	28-12-2018
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 Unit # 304,3rd Floor, Corporate One Baani JJasola

Name & Address of Establishment In/ under which contract is carried on: Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola

For the month of: Oct, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1 2	3	4 5	6	7 8	3 9	10	11	12	13	14	15	16 1	7 18	3 19	20	21	22	23	24	25	26	27	28	29	30 3	31	Present Days
1	717202	JAGNARAYAN PATHAK	ambika pathak	MALE	P W	Р	P P	Р	P P	W	Р	Р	P F	P F	P	۰ ۷	V P	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W P		26





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 Unit # 304,3rd Floor, Corporate One Baani JJasola

Name & Address of Establishment In/ under which contract is carried on: Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola

For the month of: Oct, 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 E	SI LW	F VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	717202	JAGNARAYAN PATHAK	GUARD	26	16506	16506	0	100	0	2000	4444	0	23050	1800 1	73 0	22	0	0	1995	21055	'006501525835	ICICI 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:

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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 Oct, 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: Cushman & Wakefield PMSI Pvt Ltd

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer: Cushman & Wakefield PMSI Pvt Ltd 4th Floor, Pine Valley, EGL Business park ,,Intermediate Ring

Road,,

Month:Oct, 2022

Name of Workman: JAGNARAYAN PATHAK

Father Name: AMBIKA PATHAK

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	639.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	23050.00
6.	Deductions, if any	1995.00
7.	Net amount of wages paid	21055.00



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:

Cushman & Wakefield PMSI Pvt Ltd

Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

FOR THE MONTH OF

1 2 3 4 5 6 7 8 9 10 11 12	Remarks	Re	Date of Last Instalments	Date of First Instalments	No. of Instalments	Amount of deduction imposed	Name of person in whose presence employees explanation was heard	Whether workman showed cause against deduction	Date of Damage or Loss	Particulars of Damages or Loss	Nature of Employment/ Designation	Father/Husban d Name	Name of workman	Sl.No
No deduction for damages & loss in the current month Oct, 2022	13		12	11	10	9	8	7	6	5	4	3	2	1
No deduction for damages & loss in the current month Oct, 2022														
No deduction for damages & loss in the current month Oct, 2022														
No deduction for damages & loss in the current month Oct, 2022														
No deduction for damages & loss in the current month Oct, 2022														
			_			et, 2022	current month Oc	ges & loss in the	luction for dama	No dec				
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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:

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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 Oct, 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:

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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
	•	•	No	Advance paid to an	y employees in the c	current month Oct, 2	022			



			m A Rule 3)						
	Mı	•	nity Benefit Act 196	61)					
	N	ame of Establishme	ent	Unit # 304,3rd Flo	field PMSI Pvt Ltd, or, Corporate One JJasola				
1		Serial Number							
2	Name of the w	oman and her Fath Husband Name	· ·						
3]	Date of Appointment							
4		Nature of work			1				
5		and year in which sh off and not employe	ne is employed, laid d						
	Month	No. of days employed	No. of days	No. of days	Remarks				
	No Any Maternity L		S Lady Gaurd for th	-	022				
6		woman gives notice							
7	Date of D	ischarge or Dismis	sal, if any.						
8	Date of production	of proof of pregnar	ncy under section 6						
9		Date of birth of child	b						
10	Date of production	n of proof of delivery death	y or miscarriage or						
11	Date of production	of proof of illness re	eferred to in section						
12		unt of maternity ben	efit paid in advance						
13		amount of subsequents							
14	Date with the am	nount of medical bo	nus, if paid under						
15	Date with the amo		on account of leave	Ν	lil				
16		nt of wages paid on n 10 and period of I							
17	Name of the per	son nominated by t	he woman under						
18	person to whom m	the date of her deanaternity benefit and bunt thereof, and the							
19	If the woman dies a	and the child survive amount of matern	es, the name of the ity benefit was paid or which it was paid						
20	_	he employer of the							
21	Remarks col	umn for the use of	the Inspector						
Security Succession Security Succession Security Succession Security Succession Security Secu									