



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 carried on :

INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
--

Nature and Location of work:

Security & Services B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
--

Name and address of Principal Employer :

INGRAM MICRO INDIA PRIVATE LIMITED , B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI

1	Name of the workman and address	ARVIND KUMAR
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)	16716.00
5	Wage period	Monthly
6	Tenure of Employment	26-10-1995
7	Remarks	

Signature of the Contractor





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Nature and Location of work:

Security & Services B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
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Name and address of Principal Employer :

INGRAM MICRO INDIA PRIVATE LIMITED , B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI

1	Name of the workman and address	ASHOK KR SINGH
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	30-07-1997
7	Remarks	

Signature of the Contractor





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Nature and Location of work:

Security & Services B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
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Name and address of Principal Employer :

INGRAM MICRO INDIA PRIVATE LIMITED , B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI

1	Name of the workman and address	ONKAR KUMAR PRIYADARSHI
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	09-11-2005
7	Remarks	

Signature of the Contractor





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

INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
--

Nature and Location of work:

Security & Services B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI
--

Name and address of Principal Employer :

INGRAM MICRO INDIA PRIVATE LIMITED , B-1/G9 Mohan Co-Operative Industrial Are,Mathura Road,,NEW DELHI

1	Name of the workman and address	OM PRAKASH
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	02-12-2007
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 B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

Name & Address of Establishment In/ under which contract is carried on : INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

Name and Address of Prinicpal employer : INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

For the month of : Oct, 2022

Sl No.	Clock NO.	Name	Father Name	Gender	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Present Days
1	106397	OM PRAKASH	SH UTTAM SINGH YADAV	MALE	A	P	P	P	P	W	P	A	P	P	P	P	W	P	A	P	P	P	P	W	P	A	P	A	P	A	W	P	A	P	CL	20
2	8918	ARVIND KUMAR	Sadhu Singh	MALE	P	P	A	A	A	A	W	P	P	A	A	A	A	W	P	P	A	A	A	A	W	P	P	P	A	P	A	W	P	P	P	23
3	27240	ONKAR KUMAR PRIYADARSHI	S P SINGH	MALE	P	A	P	W	P	P	P	A	P	W	P	P	P	P	A	P	W	P	P	P	P	CL	P	W	P	P	P	P	A	P	23	
4	14371	ASHOK KR SINGH	R K Singh	MALE	P	PL	W	P	P	P	P	A	W	P	P	P	P	P	PL	W	P	P	P	P	P	A	W	P	P	P	P	P	CL	W	24	





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 B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

Name & Address of Establishment In/ under which contract is carried on : INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

Name and Address of Principal employer : INGRAM MICRO INDIA PRIVATE LIMITED B-1/G9 Mohan Co-Operative Industrial Are Mathura Road NEW DELHI

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	ESI	LWF	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	106397	OM PRAKASH	HEAD GUARD	25	16566	15929	0	96	0	0	7964	0	23989	1800	180	0	22	0	0	2002	21987	'264104000061870	IDBI BANK,DELHI	Bank Transfer
2	8918	ARVIND KUMAR	HEAD GUARD	26	16616	16616	0	100	0	131	8947	0	25794	1800	193	0	22	0	0	2015	23779	'503010249505	KOTAK MAHINDRA BANK	Bank Transfer
3	27240	ONKAR KUMAR PRIYADARSHI	HEAD GUARD	26	16566	16566	0	100	0	0	10194	0	26860	1800	201	0	22	0	0	2023	24837	'590010054104	KOTAK MAHINDRA BANK	Bank Transfer
4	14371	ASHOK KR SINGH	SUPERVISOR	26	20019	20019	0	100	0	1500	13089	0	34708	1800	0	0	22	0	0	1822	32886	'5399816221	CITI BANK, DELHI	Bank Transfer





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:INGRAM MICRO INDIA PRIVATE LIMITED

Nature and Location of Work:Security Services

Name and Address of Principal employer:INGRAM MICRO INDIA PRIVATE LIMITED Jain Complex,Niranjanpur,,Dehradun

Month:Oct, 2022

Name of Workman: ARVIND KUMAR

Father Name: Sadhu Singh

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	25794.00
6.	Deductions, if any	2015.00
7.	Net amount of wages paid	23779.00

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:INGRAM MICRO INDIA PRIVATE LIMITED

Nature and Location of Work:Security Services

Name and Address of Principal employer:INGRAM MICRO INDIA PRIVATE LIMITED Jain Complex,Niranjanpur,,Dehradun

Month:Oct, 2022

Name of Workman: ASHOK KR SINGH

Father Name: R K Singh

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	774.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	34708.00
6.	Deductions, if any	1822.00
7.	Net amount of wages paid	32886.00

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:INGRAM MICRO INDIA PRIVATE LIMITED

Nature and Location of Work:Security Services

Name and Address of Principal employer:INGRAM MICRO INDIA PRIVATE LIMITED Jain Complex,Niranjanpur,,Dehradun

Month:Oct, 2022

Name of Workman: ONKAR KUMAR PRIYADARSHI

Father Name: S P SINGH

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	26860.00
6.	Deductions, if any	2023.00
7.	Net amount of wages paid	24837.00

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:INGRAM MICRO INDIA PRIVATE LIMITED

Nature and Location of Work:Security Services

Name and Address of Principal employer:INGRAM MICRO INDIA PRIVATE LIMITED Jain Complex,Niranjanpur,,Dehradun

Month:Oct, 2022

Name of Workman: OM PRAKASH

Father Name: SH UTTAM SINGH YADAV

Designation: HEAD GUARD

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	641.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	23989.00
6.	Deductions, if any	2002.00
7.	Net amount of wages paid	21987.00

Initials of the Contractor or his Representative



<p align="center">Form A (See Rule 3) Muster Roll (Maternity Benefit Act 1961)</p>					
	Name of Establishment			INGRAM MICRO INDIA PRIVATE LIMITED, B-1/G9 Mohan Co-Operative Industrial Are Mathura Road 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 employed	No. of days laid off	No. of days not employed	Remarks
No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Oct, 2022					
6	Date on which the woman gives notice under Section 6			Nil	
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				
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 employer of the establishment authenticating the entries in the muster roll				
21	Remarks column for the use of the Inspector				

