

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

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

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of Principal Employer:

InstaKart Services Private Limited

1	Name of the workman and address	PRADEEP 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)	16666.00
5	Wage period	Monthly
6	Tenure of Employment	09-07-2004
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

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

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of Principal Employer:

InstaKart Services Private Limited

1	Name of the workman and address	RAMOUTAR GURJAR
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	21-03-2016
7	Remarks	



Signature of the Contractor



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

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

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	MUKESH KUMAR SAINI
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	14-06-2010
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 Plot No.19, Chatterpur Extension A-1 BLOCK,

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

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	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Present Days
1	26238	PRADEEP KUMAR	ANOKHE LAL	MALE	Р	W	P F	P	Р	P A	A A	Α	Α	Α	Α	Α	PL	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	7
2	263172	RAMOUTAR GURJAR	SUWA LAL GURJAR	MALE	Р	Р	WF	P	Р	P F	Р	W	Р	Р	Α	Α	Α	Α	W	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	CL	CL	12
3	378779	MUKESH KUMAR SAINI	SH CHHOTU RAM SAINI	MALE	Р	W	P F	P	Р	P F	W	/ P	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	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 Plot No.19, Chatterpur Extension A-1 BLOCK,

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer: InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

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	26238	PRADEEP KUMAR	HEAD GUARD	24	16566	15292	0	92	0	0	6372	0	21756	1800	163	0	22	0	0	1985	19771	'590010065965	KOTAK MAHINDRA BANK	Bank Transfer
2	263172	RAMOUTAR GURJAR	GUARD	26	16506	16506	0	100	0	0	5079	0	21685	1800	162	0	22	0	0	1984	19701	'0192104000177252	IDBI BANK,DELHI	Bank Transfer
3	378779	MUKESH KUMAR SAINI	GUARD	26	16506	16506	0	100	0	0	4444	0	21050	1800	158	0	22	0	0	1980	19070	'0168ZM3017001	INDUSIND 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:

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK, 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 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:InstaKart Services Private Limited

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer:InstaKart Services Private Limited Empress Nest Building,,Near ST. Francis church, Old

Kaloor,Kathrikadavu Road,Kaloor,Ernakulam,COCHIN

Month:Oct, 2022

Name of Workman: PRADEEP KUMAR

Father Name: ANOKHE LAL Designation: HEAD GUARD

1.	No. of Days Worked	24
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	21756.00
6.	Deductions, if any	1985.00
7.	Net amount of wages paid	19771.00



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 Empress Nest Building,,Near ST. Francis church, Old

Kaloor,Kathrikadavu Road,Kaloor,Ernakulam,COCHIN

Month:Oct, 2022

Name of Workman: RAMOUTAR GURJAR

Father Name: SUWA LAL GURJAR

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	21685.00
6.	Deductions, if any	1984.00
7.	Net amount of wages paid	19701.00



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 Empress Nest Building,,Near ST. Francis church, Old

Kaloor,Kathrikadavu Road,Kaloor,Ernakulam,COCHIN

Month:Oct, 2022

Name of Workman: MUKESH KUMAR SAINI Father Name: SH CHHOTU RAM SAINI

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	21050.00
6.	Deductions, if any	1980.00
7.	Net amount of wages paid	19070.00



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

Plot No.19, Chatterpur Extension A-1 BLOCK,

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	luction for damag	ges & loss in the o	current month Oc	t, 2022				
10. * 6												





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

Plot No.19, Chatterpur Extension A-1 BLOCK, 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 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:

InstaKart Services Private Limited

Plot No.19, Chatterpur Extension A-1 BLOCK, 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	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			



		•	Rule 3)			
	<u>M</u> ı	uster Roll (Materr	nity Benefit Act 196			
	Na	Name of Establishment		InstaKart Services Private Limited, Plot No.19, Chatterpur Extension A-BLOCK,		
1		Serial Number				
2	Name of the w	Name of the woman and her Father or if married,		NO CASE INVOLVED		
		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		
	Month	employed	laid off	not employed	Remarks	
	No Any Maternity Lo	• •	S Lady Gaurd for th)22	
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	Date of production of proof of illness referred to in section				
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 amo	Date with the amount of wages paid on account of leave under section 9.			Nil	
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 a person to whom the	and the child survive amount of matern	es, the name of the nity benefit was paid or which it was paid			
20	Signature of the	he employer of the	establishment			
21	Remarks col	Remarks column for the use of the Inspector				