

# 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 MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd,MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt
Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd,NEW DELHI

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

InstaKart Services Private Limited

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services
Pvt Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson
Financial Services Pvt Ltd,NEW DELHI

| Name and address of Principal Employer: |
|---|
|   |
|   |
| InstaKart Services Private Limited      |
|   |

| 1 | Name of the workman and address                              | PREMCHAND KUMAR |
|---|--|-----------------|
| 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   | 22-11-1991      |
| 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

Nature and Location of work:

Security & Services MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd,MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt
Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd,NEW DELHI

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

InstaKart Services Private Limited

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services
Pvt Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd,MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson
Financial Services Pvt Ltd,NEW DELHI

| Name and address of Principal Employer: |
|---|
|   |
|   |
| InstaKart Services Private Limited      |
|   |

| 1 | Name of the workman and address                              | KARAMVIR   |
|---|--|------------|
| 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   | 05-06-2003 |
| 7 | Remarks  |            |



Signature of the Contractor



## 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
MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

## Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

| SI.No | Name of<br>workman | Father/Husband<br>Name | Sex | Designation/natu<br>re of<br>employment | Dates on which overtime worked | Total overtime<br>worked or<br>production in<br>case of piece-<br>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 Sep, 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 Building No- F335- A, Old MB Road,Lado Sarai,,

Month:Sep, 2022

Name of Workman: PREMCHAND KUMAR

Father Name: Tulsi Saw Designation: SUPERVISOR

| 1. | No. of Days Worked                                | 21       |
|----|---|----------|
| 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                               | 16250.00 |
| 6. | Deductions, if any                                | 4781.00  |
| 7. | Net amount of wages paid                          | 11469.00 |



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 Building No- F335- A, Old MB Road,Lado Sarai,,

Month:Sep, 2022

Name of Workman: KARAMVIR Father Name: ANUP SINGH RANA

**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                               | 17940.00 |
| 6. | Deductions, if any                                | 1956.00  |
| 7. | Net amount of wages paid                          | 15984.00 |



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., 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

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW DELHI

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

| SI.No | Name of<br>workman | Father/Husban<br>d Name | Nature of<br>Employment/<br>Designation | Particulars of<br>Damages or<br>Loss | Date of<br>Damage or<br>Loss | Whether<br>workman<br>showed cause<br>against<br>deduction | Name of person in whose presence employees explanation was heard | Amount of deduction imposed | No. of<br>Instalments | Date of First<br>Instalments | Date of Last<br>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   | urrent month Se  | o, 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

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

## Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

| SI.No | Name of<br>workman | Father/Husband<br>Name | Designation/natu<br>re of<br>employment | Act/Omission for<br>which fine<br>imposed | Date of offence   | Whether<br>workman<br>showed cause<br>against fine | Name of person<br>in whose<br>presence<br>employee's<br>explanation was<br>heard | Wage periods<br>and wages<br>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 Sep, 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
MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

## Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

| SI.No | Name | Father/Husband<br>Name | Name of employment/Desig nation | Wage period and wage payable | Date and amount of advance given | Purpose(s) for<br>which advance<br>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 any          | employees in the c               | urrent month Sep, 2                     | .022   |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |
|       |      |                        |                                 |                              |                                  |   |  |   |  |         |





#### 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 MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson

Name and Address of Prinicipal employer: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd

For the month of: Sep, 2022

| SI 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 | Present Days |
|--------|-----------|-----------------|-----------------|--------|---|---|-----|-----|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------|
|        | 1324      | PREMCHAND KUMAR | Tulsi Saw       | MALE   | Α | A | P / | A A | Α | Α | Α | Α | Р  | CL | Α  | Α  | Α  | Α  | W  | Р  | Р  | Α  | Α  | Α  | PL | Р  | Р  | Р  | Р  | Р  | Р  | Р  | W  | 13           |
|        | 25648     | KARAMVIR        | ANUP SINGH RANA | MALE   | Р | P | A I | P W | Р | Р | Р | Р | Α  | Р  | W  | Р  | Р  | Р  | Р  | CL |    | W  | Р  | Р  | Р  | Р  | Р  | Р  | W  | Р  | Р  | Р  | Р  | 24           |



|  | м                                   | Forr<br>(See R<br>uster Roll ( Materni                                 | tule 3)                                    | 31)  |   |  |  |  |  |  |  |  |
|--|-------------------------------------|--|--|--|---|--|--|--|--|--|--|--|
|  |                                     | ame of Establishme   |  | InstaKart Service<br>Mangolpui<br>(MundkaHub_DEL<br>Services Pvt Ltd M<br>(MundkaHub_DEL<br>Services Pvt Ltd M<br>(MundkaHub_DEL | es Private Limited, riHub_DEL ) Crimson Financial angolpuriHub_DEL ) Crimson Financial angolpuriHub_DEL angolpuriHub_DEL ) Crimson Financial td NEW DELHI |  |  |  |  |  |  |  |
| 1  |                                     | <u> </u>   |  |  |   |  |  |  |  |  |  |  |
| 2  | Name of the w                       | er or if married,  | NO CASE                                    | INVOLVED   |   |  |  |  |  |  |  |  |
| 3  |                                     | Date of Appointment  | t  |  |   |  |  |  |  |  |  |  |
| 4  |                                     | Nature of work   |  |  |   |  |  |  |  |  |  |  |
| 5  |                                     | and year in which shoff and not employed                               |  |  |   |  |  |  |  |  |  |  |
|  |                                     | No. of days  | No. of days                                | No. of days  |   |  |  |  |  |  |  |  |
|  | Month                               | employed   | laid off                                   | not employed   | Remarks   |  |  |  |  |  |  |  |
|  | No Any Maternity L                  | eave Availed by G4S  | S Lady Gaurd for th                        |  | .022  |  |  |  |  |  |  |  |
| 6  |                                     | e woman gives notic  |  |  |   |  |  |  |  |  |  |  |
| 7  | Date of D                           | Discharge or Dismiss   | al, if any.                                |  |   |  |  |  |  |  |  |  |
| 8  | Date of production                  | of proof of pregnan  | cy under section 6                         |  |   |  |  |  |  |  |  |  |
| 9  |                                     | Date of birth of child   |  |  |   |  |  |  |  |  |  |  |
| 10   | Date of production                  | n of proof of delivery<br>death  | or miscarriage or                          |  |   |  |  |  |  |  |  |  |
| 11   | Date of production                  | of proof of illness re   | ferred to in section                       |  |   |  |  |  |  |  |  |  |
| 12   |                                     | unt of maternity bene<br>of expected delivery                          | •  |  |   |  |  |  |  |  |  |  |
| 13   |                                     | amount of subseque maternity benefit.                                  |  |  |   |  |  |  |  |  |  |  |
| 14   | Date with the an                    | nount of medical bor section 8   | nus, if paid under                         |  |   |  |  |  |  |  |  |  |
| 15   | Date with the amo                   | ount of wages paid of under section 9.                                 | n account of leave                         | N  | lil   |  |  |  |  |  |  |  |
| 16   |                                     | nt of wages paid on a<br>n 10 and period of le                         |  |  |   |  |  |  |  |  |  |  |
| 17   |                                     | son nominated by th  |  |  |   |  |  |  |  |  |  |  |
| 18   | person to whom n                    | the date of her deat<br>naternity benefit and<br>ount thereof, and the | / or other amount                          | unt<br>nt<br>the<br>vaid   |   |  |  |  |  |  |  |  |
| 19   | If the woman dies person to whom th | and the child survive<br>e amount of materni<br>ild and the period fo  | es, the name of the<br>ty benefit was paid |  |   |  |  |  |  |  |  |  |
| 20   | Signature of t                      | the employer of the eight  | establishment                              |  |   |  |  |  |  |  |  |  |
| 21   |                                     | lumn for the use of t  |  |  |   |  |  |  |  |  |  |  |
| Secretary Secret |                                     |  |  |  |   |  |  |  |  |  |  |  |



## 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 MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt

| SNo. | Emp Code | Employee Name   | Designation | Attd (in days) | Monthly rate of wages/piece rate | BASIC | VDA | WA Arre | ar Site | e Allow | Other Allow | OT/NFH | Total | PF   | ESI L | WF V | DD ( | GPAI | Other Ded | Total Ded | Net Amount Paid | Account No     | Bank Name           | Signature     |
|------|----------|-----------------|-------------|----------------|----------------------------------|-------|-----|---------|---------|---------|-------------|--------|-------|------|-------|------|------|------|-----------|-----------|-----------------|----------------|---------------------|---------------|
|      | 1 1324   | PREMCHAND KUMAR | SUPERVISOR  | 21             | 20019                            | 16169 | 0   | 81      | 0       | 0       | 0           | 0      | 16250 | 1800 | 122   | 0    | 22   | 0    | 2837      | 4781      | 11469           | '503010271852  | KOTAK MAHINDRA BANK | Bank Transfer |
| :    | 25648    | KARAMVIR        | HEAD GUARD  | 26             | 16566                            | 16566 | 0   | 100     | 0       | 0       | 1274        | 0      | 17940 | 1800 | 134   | 0    | 22   | 0    | 0         | 1956      | 15984           | '3008101009625 | CANARA BANK         | Bank Transfer |

