		For (See F								
	M	•	ity Benefit Act 196	1)						
		ame of Establishme		PRIONE BUSIN PRIVATE LIMIT BADA	ED, H-9, MCIE,					
1		Serial Number								
2	Name of the w	oman and her Fathe Husband Name	er or if married,	NO CASE	INVOLVED					
3		Date of Appointmen	t							
4		Nature of work								
5		and year in which sh off and not employe	• •							
	Month	No. of days employed	No. of days laid off	No. of days	Remarks					
	No Any Maternity L		S Lady Gaurd for the	• •	022					
6		e woman gives notic		<u> </u>						
7	Date of D	Discharge or Dismiss	sal, if any.							
8	Date of production	of proof of pregnan	ncy under section 6							
9		Date of birth of child	d							
10	Date of production	n of proof of delivery death	or miscarriage or							
11	Date of production	of proof of illness re	eferred to in section							
12		unt of maternity beno	efit paid in advance							
13		amount of subseque maternity benefit.								
14	Date with the am	nount of medical bor section 8	nus, if paid under							
15	Date with the amo	unt of wages paid o under section 9.	n account of leave	N	lil					
16		nt of wages paid on n 10 and period of le								
17	Name of the per	son nominated by the section 6	he woman under							
18	person to whom m	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	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	1	he employer of the ing the entries in the								
21	Remarks co	lumn for the use of t	the Inspector							



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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9,

MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

SI No.	Clock NO.	Name	Father Name	Gender	1	2	3	4	5 6	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	13226	MUNNA KUMAR	Hari Singh	MALE	Ρ	W	Р	РΙ	PF	P	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	26
2	21024	KRISHAN PAL	Budh Singh	MALE	Ρ	Α	W	РΙ	PF	P	Р	Α	W	Р	Р	Р	Р	Р	Α	W	Р	Р	Р	Р	Р	Α	W	Р	Р	Р	Р	Р	Α	W	21
3	186368	SONU SINGH TOMAR	BUDH SINGH	MALE	Ρ	Α	Р	W	PF	P	Р	Α	Р	W	Р	Р	Р	Р	Α	Р	W	Р	Р	Р	Р	Α	Р	W	Р	Р	Р	Р	Α	Р	22





REGISTER OF ADVANCES FORM XXII,See Rule-78 (1) (a) (iii)

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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

SNo.	Name of Employee	Father/Husband Name	Nature of employement/Designation	Wage Peroid and wages Payable	Date and amount of advance given	Purpose(s) for Which advance mace	No of Instalments by which advance to be repaid	Date and amount of each instalment was paid	Date on which last instalment was repaid	Remarks
			No	Advance Paid to any	Employees in the co	urrent month, JAN,2	022	•		
					•					





REGISTER OF DEDUCTION FOR DAMAGE OR LOSS FORM XX ,See Rule- 78 (1) (a) (ii)

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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR For the month of: Jan, 2022

SNo.	Name of Employee	Father/Husband Name	Nature of employement/Designati on	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	First Instalments	Last Instalments	Remarks
						01 : "		0000				
	T	T	T	No L	Deduction for Dama	ages & loss in the c	current month JAN,	2022				
-												
-												
-												





REGISTER OF FINES FORM XXI,See Rule-78 (1) (a) (ii)

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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

SNo.	Name of Workman	Father/Husband Name	Nature of employement/Designation	Act/Ommision for which fine imposed	Date of Offence	Name of person in whose presence employees explanation was heared	Wage period and wage payable	Amount of fine imposed	Date on which fine realised	Remarks
				N E' I	12.0					
			ı	No Fine Impo	sed in the current mon	th JAN,2022			T	





REGISTER OF OVERTIME FORM XXIII, See Rule 78 (1) (a) (iii)

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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

SNo.	Name of Workman	Father/Husband Name	Sex	Nature of employement/Designation	Dates on which overtime worked	Total overtime worked or production in case of piece–rates	Normal rate of wages	overtime rate of wages	overtime earnings	Date on which overtime wages paid	Remarks
				No OVER TIM	L IF Paid to any Employ	I yees in the current mo	nth JAN 2022				
				INO OVER THE	IL I did to diff Employ	yees in the current me	1107114,2022				





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 H-9, MCIE, BADARPUR

Name & Address of Establishment In/ under which contract is carried on: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

SNo.	Emp Code	Employee Name	Designation	Attd (in days)	Monthly rate of wages/piece rate	BASIC	VDA	WA A	rrear	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		MUNNA KUMAR				16184		100	0	0	622		16906				22	0	0	1949		'0602000115335091	PUNJAB NATIONAL BANK	Bank Transfer
2	21024	KRISHAN PAL	HEAD GUARD	26	16184	16184	0	100	0	0	2780	0	19064	1800	127	0	22	0	0	1949	17115	'1768101111402	CANARA BANK	Bank Transfer
3	186368	SONU SINGH TOMAR	HEAD GUARD	26	16124	16124	0	100	0	0	620	0	16844	1800	126	0	22	0	0	1948	14896		KOTAK MAHINDRA BANK	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:PRIONE BUSINESS SERVICES PRIVATE LIMITED

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

Month:Jan, 2022

Name of Workman: MUNNA KUMAR

Father Name: Hari 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	626.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16906.00
6.	Deductions, if any	1949.00
7.	Net amount of wages paid	14957.00



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:PRIONE BUSINESS SERVICES PRIVATE LIMITED

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

Month:Jan, 2022

Name of Workman: KRISHAN PAL

Father Name: Budh 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	626.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19064.00
6.	Deductions, if any	1949.00
7.	Net amount of wages paid	17115.00



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:PRIONE BUSINESS SERVICES PRIVATE LIMITED

Nature and Location of Work: Security Services

Name and Address of Prinicipal employer: PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

Month:Jan, 2022

Name of Workman: SONU SINGH TOMAR

Father Name: BUDH 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	624.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16844.00
6.	Deductions, if any	1948.00
7.	Net amount of wages paid	14896.00



Initials of the Contractor or his Representative