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 B-65 GTK,Industrial Aria,110007,

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

InstaKart Services Private Limited B-65 GTK,Industrial Aria,110007,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	SUDHIR KUMAR MISHRA
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	07-07-2006
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 B-65 GTK,Industrial Aria,110007,

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

InstaKart Services Private Limited B-65 GTK,Industrial Aria,110007,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	PRAMOD KUMAR
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	04-05-2023
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 B-65 GTK,Industrial Aria,110007,

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

InstaKart Services Private Limited B-65 GTK,Industrial Aria,110007,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	SANDEEP KUMAR SHUKLA
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	08-06-2023
7	Remarks	



Signature of the Contractor

@page{margin:.3in .3in .3in .3in;mso-data-placement:same-cell;mso-page-Zoom:False;mso-page-Fit To:yes;mso-page-FitToPagesWide:True;mso-paper-source:0;mso-page-Scaling:Fit2Page;mso-page-orientation:landscape;}



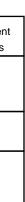
MUSTER ROLL Rule 78(1)(a)(i) Form XVI

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-65 GTK Industrial Aria 110007

Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007 Name and Address of Prinicipal employer : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007 For the month of • Aug. 2023

FULU			. Aug, 2023																																	
SI No		ck NO.	Name Name 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	02		SUDHIR KUMAR MISHRA	MALE	A	A	A	A	A	Р	Ρ	A	A	A	A	А	A	A	А	А	A	A	А	А	A	A	A	PL	А	9						
2	94	7106	PRAMOD BHAGIRAT KUMAR H	MALE	Ρ	Р	W	Р	Ρ	A	CL	Р	Р	W	Р	Ρ	A	Ρ	Р	Р	W	Р	Р	А	Р	Ρ	Р	w	Р	Р	А	Ρ	Ρ	Р	w	22
3	95	53552	SANDEEP KUMAR SHUKLA	MALE	A	A	А	A	A	A	A	A	A	A	A	А	Ρ	A	А	А	A	A	А	Р	A	A	A	А	А	A	Ρ	А	А	А	А	3





@page{margin:.3in .3in .3in .3in;mso-data-placement:same-cell;mso-page-Zoom:False;mso-page-Fit To:yes;mso-page-FitToPagesWide:True;mso-paper-source:0;mso-page-Scaling:Fit2Page;mso-page-orientation:landscape;}



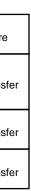
Name & Address of Contractor : G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 47-48, C Block Community Center Naraina, New Delhi-110028 Nature and Location of Work : Security, Watch/Ward B-65 GTK Industrial Aria 110007

Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007 Name and Address of Prinicipal employer : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007

<u>For the mo</u>	nth of : Aug									-											-					_
SNo.	Emp Code	Employee Name	Designation	ESIC NO	UAN NO	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	953552	SANDEEP KUMAR SHUKLA	GUARD	1114349696	100046422291	16	17234.00	10606.00	0.00	62.00	0.00	38.00	994.00	0.00	11700.00	1273.00	88.00	0.00	22.00	0.00	0.00	1383.00	10317.00	'100029541620	IndusInd Bank	Bank Transfer
2	947106	PRAMOD KUMAR	GUARD	1113890998	100276516829	26	17234.00	17234.00	0.00	100.00	0.00	0.00	1326.00	0.00	18660.00	1800.00	140.00	0.00	22.00	0.00	0.00	1962.00	16698.00	'0264104000197 830	IDBI BANK,DELHI	Bank Transfer
3	027957	SUDHIR KUMAR MISHRA	GUARD	1106804034	100366040420	9	17234.00	5966.00	0.00	35.00	0.00	0.00	0.00	0.00	6000.00	716.00	45.00	0.00	22.00	0.00	0.00	783.00	5217.00	'100032773797	INDUSIND Bank - New Delhi	K Bank Transfer



REGISTER OF WAGES Form XVII Rule 78(1)(a)(i)





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.

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
					paid to any employ	ees in the current	month Aug. 2023				
Lidi * Gra											





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 Plot No-E-02, Rajan Babu Road,Adarsh Nagar,, Month:Aug, 2023 Name of Workman: SUDHIR KUMAR MISHRA Father Name: RAVINATH MISHRA Designation: GUARD

1.	No. of Days Worked	9
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	6000.00
6.	Deductions, if any	783.00
7.	Net amount of wages paid	5217.00



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 Plot No-E-02, Rajan Babu Road,Adarsh Nagar,, Month:Aug, 2023 Name of Workman: PRAMOD KUMAR Father Name: BHAGIRATH 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	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	18660.00
6.	Deductions, if any	1962.00
7.	Net amount of wages paid	16698.00



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 Plot No-E-02, Rajan Babu Road,Adarsh Nagar,, Month:Aug, 2023 Name of Workman: SANDEEP KUMAR SHUKLA Father Name: RAM DUTT SHUKLA Designation: GUARD

1.	No. of Days Worked	16
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	11700.00
6.	Deductions, if any	1383.00
7.	Net amount of wages paid	10317.00



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.

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	uction for damag	ges & loss in the c	urrent month Au	g, 2023				
11d * 645												



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.

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 Aug, 2023				
**											





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.

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
	1	1	No	Advance paid to any	employees in the c	urrent month Aug, 2	2023			
	1									
10. * Gr										



Name of the w Name of the w I tes with month a Month Any Maternity Le ate on which the Date of D ate of production	lame of Establishme Serial Number voman and her Fathe Husband Name Date of Appointmen Nature of work and year in which sh off and not employed No. of days employed eave Availed by G4S e woman gives notic Discharge or Dismiss of proof of pregnan Date of birth of child	nt er or if married, t t No. of days laid off S Lady Gaurd for th ee under Section 6	InstaKart Services 65 GTK Industri NO CASE I No. of days not employed	NVOLVED	
Name of the w	Serial Number voman and her Fathe Husband Name Date of Appointmen Nature of work and year in which sh off and not employed No. of days employed eave Availed by G43 e woman gives notic Discharge or Dismiss	er or if married, t ne is employed, laid d No. of days laid off S Lady Gaurd for th re under Section 6	65 GTK Industri NO CASE I No. of days not employed	NVOLVED	
tes with month a Month Any Maternity Le ate on which the Date of D ate of production	voman and her Fathe Husband Name Date of Appointmen Nature of work and year in which sh off and not employed No. of days employed eave Availed by G43 e woman gives notic Discharge or Dismiss n of proof of pregnan	t ne is employed, laid d No. of days laid off S Lady Gaurd for th se under Section 6	No. of days not employed	Remarks	
tes with month a Month Any Maternity Le ate on which the Date of D ate of production	Husband Name Date of Appointmen Nature of work and year in which sh off and not employed No. of days employed eave Availed by G43 e woman gives notic Discharge or Dismiss n of proof of pregnan	t ne is employed, laid d No. of days laid off S Lady Gaurd for th se under Section 6	No. of days not employed	Remarks	
tes with month a Month Any Maternity Le ate on which the Date of D ate of production	Date of Appointmen Nature of work and year in which sh off and not employed No. of days employed eave Availed by G43 woman gives notic Discharge or Dismiss of proof of pregnan	e is employed, laid d No. of days laid off S Lady Gaurd for th e under Section 6	No. of days not employed	Remarks	
tes with month a Month Any Maternity Le ate on which the Date of D ate of production	Nature of work and year in which sh off and not employed No. of days employed eave Availed by G43 woman gives notic Discharge or Dismiss	e is employed, laid d No. of days laid off S Lady Gaurd for th e under Section 6	No. of days not employed		
Month Any Maternity Lea ate on which the Date of D ate of production	and year in which sh off and not employed No. of days employed eave Availed by G4S woman gives notic Discharge or Dismiss n of proof of pregnan	d No. of days laid off S Lady Gaurd for th e under Section 6	No. of days not employed		
Month Any Maternity Lea ate on which the Date of D ate of production	off and not employed No. of days employed eave Availed by G43 e woman gives notic Discharge or Dismiss of proof of pregnan	d No. of days laid off S Lady Gaurd for th e under Section 6	No. of days not employed		
Month Any Maternity Lea ate on which the Date of D ate of production	No. of days employed eave Availed by G43 e woman gives notic Discharge or Dismiss n of proof of pregnan	No. of days laid off S Lady Gaurd for th e under Section 6	not employed		
Any Maternity Le ate on which the Date of D ate of production	employed eave Availed by G49 e woman gives notic Discharge or Dismiss n of proof of pregnan	laid off S Lady Gaurd for th e under Section 6	not employed		
ate on which the Date of D ate of production	eave Availed by G49 e woman gives notic Discharge or Dismiss n of proof of pregnan	S Lady Gaurd for th e under Section 6		023	
ate on which the Date of D ate of production	e woman gives notic Discharge or Dismiss n of proof of pregnan	e under Section 6		520	
Date of D ate of production	Discharge or Dismiss				
ate of production	n of proof of pregnan	ai, ii airy.			
		Date of production of proof of pregnancy under section 6			
ate of production	Date of birth of child Date of production of proof of delivery or miscarriage or				
death					
te of production	of proof of illness re 10	ferred to in section			
Date with the amount of maternity benefit paid in advance of expected delivery			Nil		
Date with the amount of subsequent payment of maternity benefit.					
Date with the amount of medical bonus, if paid under section 8					
Date with the amount of wages paid on account of leave under section 9.					
Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6					
		erson to whom m			naternity benefit and
he woman dies a rson to whom the	and the child survive amount of materni	es, the name of the ity benefit was paid			
Signature of t	the employer of the	establishment			
	Date with amou under section Name of the per ne woman dies rson to whom r as paid, the am ne woman dies son to whom th behalf of the ch Signature of authenticat	<u>under section 9.</u> Date with amount of wages paid on <u>under section 10 and period of le</u> Name of the person nominated by th <u>section 6</u> ne woman dies, the date of her dear rson to whom maternity benefit and as paid, the amount thereof, and the ne woman dies and the child survive son to whom the amount of maternity behalf of the child and the period for Signature of the employer of the authenticating the entries in the	<u>under section 9.</u> Date with amount of wages paid on account of leave <u>under section 10 and period of leave granted</u> Name of the person nominated by the woman under <u>section 6</u> The woman dies, the date of her death, the name of the rson to whom maternity benefit and / or other amount <u>as paid, the amount thereof, and the date of payment</u> The woman dies and the child survives, the name of the son to whom the amount of maternity benefit was paid	under section 9. Date with amount of wages paid on account of leave under section 10 and period of leave granted Name of the person nominated by the woman under section 6 ne woman dies, the date of her death, the name of the rson to whom maternity benefit and / or other amount as paid, the amount thereof, and the date of payment ne woman dies and the child survives, the name of the son to whom the amount of maternity benefit was paid behalf of the child and the period for which it was paid Signature of the employer of the establishment authenticating the entries in the muster roll	