



**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 carried 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                              | GOVIND     |
| 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   | 01-03-2017 |
| 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 carried 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) | 17334.00           |
| 5 | Wage period  | Monthly            |
| 6 | Tenure of Employment   | 06-05-2023         |
| 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 Principal employer :** InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

**For the month of :** May, 2023

| 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      | 509036    | GOVIND             | LATE JAY LAL     | MALE   | P | W | P | P | P | P | P | A | A | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | A  | 6            |
| 2      | 947291    | MUKESH KUMAR SAINI | CHHOTU RAM SAINI | MALE   | A | A | A | A | A | A | A | P | P | W  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | W  | P  | P  | P  | P  | P  | P  | P  | W  | 20           |





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

**For the month of :** May, 2023

| 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    | 509036   | GOVIND             | GUARD       | 1115050815 | 101063749560 | 26             | 17234.00                         | 17234.00 | 0.00 | 100.00 | 0.00   | 442.00     | 8131.00     | 0.00   | 25907.00 | 1800.00 | 194.00 | 0.00 | 22.00 | 0.00  | 0.00      | 2016.00   | 23891.00        | '33647107161    | STATE BANK INDIA,NEW DELHI | Bank Transfer |
| 2    | 947291   | MUKESH KUMAR SAINI | GUARD       | 1113481224 | 100237323773 | 25             | 17234.00                         | 16571.00 | 0.00 | 96.00  | 0.00   | 0.00       | 331.00      | 0.00   | 16999.00 | 1800.00 | 127.00 | 0.00 | 22.00 | 23.00 | 0.00      | 1972.00   | 15027.00        | '15722413000473 | PUNJAB NATIONAL BANK       | 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 Principal employer:**  
InstaKart Services Private Limited  
**FOR THE MONTH OF**  
May, 2023

| Sl.No   | Name of workman | Father/Husband Name | Sex | Designation/nature 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 employees in the current month May, 2023 |                 |                     |     |                                  |                                |  |                       |                        |                        |                                   |         |
|   |                 |                     |     |                                  |                                |  |                       |                        |                        |                                   |         |
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|   |                 |                     |     |                                  |                                |  |                       |                        |                        |                                   |         |





**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 Principal employer:**InstaKart Services Private Limited No. 1, SF No. 105, 105/2, MKS Tower,Sundaram Nagar,  
Aachipatti Panchayat,Sangampalayam Village,COIMBATORE

**Month:**May, 2023

**Name of Workman:** GOVIND

**Father Name:** LATE JAY LAL

**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                               | 25907.00 |
| 6. | Deductions, if any                                | 2016.00  |
| 7. | Net amount of wages paid                          | 23891.00 |

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 Principal employer:**InstaKart Services Private Limited No. 1, SF No. 105, 105/2, MKS Tower,Sundaram Nagar,  
Aachipatti Panchayat,Sangampalayam Village,COIMBATORE

**Month:**May, 2023

**Name of Workman:** MUKESH KUMAR SAINI

**Father Name:** CHHOTU RAM SAINI

**Designation:** 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                    | 667.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 16999.00 |
| 6. | Deductions, if any                                | 1972.00  |
| 7. | Net amount of wages paid                          | 15027.00 |

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 Principal employer:**  
InstaKart Services Private Limited  
**FOR THE MONTH OF**  
May, 2023

| Sl.No  | Name of workman | Father/Husband 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 deduction for damages & loss in the current month May, 2023 |                 |                     |                                   |                                |                        |  |  |                             |                    |                           |                          |         |
|  |                 |                     |                                   |                                |                        |  |  |                             |                    |                           |                          |         |
|  |                 |                     |                                   |                                |                        |  |  |                             |                    |                           |                          |         |
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|  |                 |                     |                                   |                                |                        |  |  |                             |                    |                           |                          |         |







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 Principal employer:**  
InstaKart Services Private Limited  
**FOR THE MONTH OF**  
May, 2023

| Sl.No  | Name of workman | Father/Husband Name | Designation/nature 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 & loss in the current month May, 2023 |                 |                     |                                  |                                     |                 |   |   |                                |                        |                             |         |
|  |                 |                     |                                  |                                     |                 |   |   |                                |                        |                             |         |
|  |                 |                     |                                  |                                     |                 |   |   |                                |                        |                             |         |
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|  |                 |                     |                                  |                                     |                 |   |   |                                |                        |                             |         |





**Form A**  
**(See Rule 3)**  
**Muster Roll ( Maternity Benefit Act 1961)**

|   |   |                         |                         |   |         |
|---|---|-------------------------|-------------------------|---|---------|
|   | Name of Establishment   |                         |                         | InstaKart Services Private Limited,<br>Plot No.19, Chatterpur Extension A-1<br>BLOCK, |         |
| 1   | Serial Number   |                         |                         | NO CASE INVOLVED  |         |
| 2   | Name of the woman and her Father or if married,<br>Husband Name   |                         |                         |   |         |
| 3   | Date of Appointment   |                         |                         |   |         |
| 4   | Nature of work  |                         |                         |   |         |
| 5   | Dates with month and year in which she is employed, laid<br>off and not employed  |                         |                         |   |         |
|   | Month   | No. of days<br>employed | No. of days<br>laid off | No. of days<br>not employed   | Remarks |
| No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : May, 2023 |   |                         |                         |   |         |
| 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<br>death  |                         |                         |   |         |
| 11  | Date of production of proof of illness referred to in section<br>10   |                         |                         |   |         |
| 12  | Date with the amount of maternity benefit paid in advance<br>of expected delivery   |                         |                         |   |         |
| 13  | Date with the amount of subsequent payment of<br>maternity benefit.   |                         |                         |   |         |
| 14  | Date with the amount of medical bonus, if paid under<br>section 8   |                         |                         |   |         |
| 15  | Date with the amount of wages paid on account of leave<br>under section 9.  |                         |                         |   |         |
| 16  | Date with amount of wages paid on account of leave<br>under section 10 and period of leave granted  |                         |                         |   |         |
| 17  | Name of the person nominated by the woman under<br>section 6  |                         |                         |   |         |
| 18  | If the woman dies, the date of her death, the name of the<br>person to whom maternity benefit and / or other amount<br>was paid, the amount thereof, and the date of payment        |                         |                         |   |         |
| 19  | If the woman dies and the child survives, the name of the<br>person to whom the amount of maternity benefit was paid<br>on behalf of the child and the period for which it was paid |                         |                         |   |         |
| 20  | Signature of the employer of the establishment<br>authenticating the entries in the muster roll   |                         |                         |   |         |
| 21  | Remarks column for the use of the Inspector   |                         |                         |   |         |

