|    | м                   | _   | m A<br>Rule 3)<br>ity Benefit Act 19 | 61)                                    |         |
|----|---------------------|---|--------------------------------------|--|---------|
|    |                     | ame of Establishme  |                                      | Agilent Technologie<br>Floor Spledor I |         |
| 1  |                     | Serial Number   |                                      |  |         |
| 2  | Name of the w       | oman and her Fath<br>Husband Name                                     | er or if married,                    | NO CASE I                              |         |
| 3  |                     | Date of Appointmen  | t                                    |  |         |
| 4  |                     | Nature of work  | ι                                    |  |         |
|    | Datas with month a  | and year in which sh  | o is omployed laid                   |  |         |
| 5  |                     | off and not employed  |                                      |  |         |
|    | Month               | No. of days   | No. of days                          | No. of days                            | Pomorko |
|    | WORT                | employed  | laid off                             | not employed                           | Remarks |
|    | No Any Maternity Lo | eave Availed by G4  | S Lady Gaurd for th                  | ne month of : Dec, 20                  | )21     |
| 6  | Date on which the   | e woman gives notic   | e under Section 6                    |  |         |
| 7  | Date of D           | Discharge or Dismiss  | sal, if any.                         |  |         |
| 8  | Date of production  | of proof of pregnar   | ncy 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<br>10  | eferred to in sectior                | 1                                      |         |
| 12 |                     | unt of maternity ben<br>of expected delivery                          | •                                    | 2                                      |         |
| 13 | Date with the       | amount of subseque maternity benefit.                                 | ent payment of                       |  |         |
| 14 | Date with the an    | nount of medical bor<br>section 8                                     | nus, if paid under                   |  |         |
| 15 | Date with the amo   | ount of wages paid o<br>under section 9.                              | n account of leave                   | Ni                                     | il      |
| 16 |                     | nt of wages paid on<br>n 10 and period of le                          |                                      |  |         |
| 17 | Name of the per     | son nominated by th section 6   | he woman under                       |  |         |
| 18 | person to whom n    | the date of her dea<br>naternity benefit and<br>ount thereof, and the | I / or other amount                  |  |         |
| 19 | person to whom th   | and the child survive<br>e amount of matern<br>ild and the period fo  | ity benefit was paic                 | 1                                      |         |
| 20 | Signature of t      | he employer of the ing the entries in the                             | establishment                        |  |         |
| 21 |                     | lumn for the use of t   |                                      | 1                                      |         |



### 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 1st Floor Spledor Forum Jasola
Name & Address of Establishment In/ under which contract is carried on : Agilent Technologies India Pvt Ltd 1st Floor Spledor Forum Jasola
Name and Address of Prinicipal employer : Agilent Technologies India Pvt Ltd 1st Floor Spledor Forum Jasola
For the month of : Dec, 2021

| SI No. | Clock NO. | Name                     | Father Name                | Gende | r 1 | 2    | 3    | 4    | 5  | 6  | 7  | 8    | 9 1  | 0 1 <sup>,</sup> | 1 12 | 13   | 14 | 15   | 16 1 | 7 18 | 19  | 20 | 21 | 22 2 | 23 24 | 4 25 | 26 | 27 | 28 | 29 3 | 30 31 | Present Days |
|--------|-----------|--------------------------|----------------------------|-------|-----|------|------|------|----|----|----|------|------|------------------|------|------|----|------|------|------|-----|----|----|------|-------|------|----|----|----|------|-------|--------------|
| 1      | 6031      | MAHENDRA UPADHYAYA       | Janadin                    | MALE  | Ρ   | W    | Ρ    | Ρ    | Ρ  | Ρ  | Р  | ΡV   | VΡ   | Ρ                | Ρ    | Ρ    | Ρ  | P    | WΡ   | Ρ    | Ρ   | Ρ  | Ρ  | ΡV   | VΡ    | Ρ    | Ρ  | А  | A  | A A  | A A   | 22           |
| 2      | 7731      | RAMESH KUMAR MALLIK      | SHYAM KISHOR MALLIK        | MALE  | А   | А    | А    | А    | А  | A  | A  | A A  | ۸A   | А                | Ρ    | А    | A  | A    | A C  | l Cl | .CL | А  | A  | A A  | ۸A    | А    | А  | A  | A  | A A  | A A   | 4            |
| 3      | 8845      | BIRENDRA KUMAR THAKUR    | Late Sh Babueji Thakur     | MALE  | Ρ   | Ρ    | Ρ    | Ρ    | Ρ  | Ρ  | A  | A A  | ۸A   | А                | А    | А    | A  | A    | A A  | А    | А   | А  | A  | A A  | A     | А    | А  | А  | A  | A A  | A A   | 6            |
| 4      | 11185     | MITHILESH KUMAR PANDEY   | Ramayan Pandey             | MALE  | PL  | . PL | - PL | - PL | PL | ΡL | PL | PL F | PL P | L Pl             | - PL | . PL | PL | PL   | A A  | Ρ    | Ρ   | Ρ  | P  | A F  | P     | А    | А  | А  | A  | A /  | A A   | 21           |
| 5      | 13252     | VIJAY KUMAR YADAV        | Parasnath Yadav            | MALE  | А   | А    | А    | А    | Ρ  | A  | Р  | ΡF   | , M  | / P              | А    | Ρ    | Ρ  | ΡI   | ΡW   | ΙP   | Ρ   | Ρ  | Р  | ΡF   | , M   | Ρ    | Ρ  | А  | A  | A /  | A A   | 17           |
| 6      | 15597     | SHAILENDRA RAY           | B B RAY                    | MALE  | Ρ   | Ρ    | А    | А    | A  | CL | CL | ΡF   | γ A  | A                | PL   | . PL | PL | PL I | PL P | l Pl | A   | А  | A  | ΡF   | , CI  | Γ    | Ρ  | А  | A  | A    | A A   | 18           |
| 7      | 191996    | ARVIND KUMAR SHRIVASTAVA | RAJENDRA PRASAD SRIVASTAVA | MALE  | Ρ   | Ρ    | W    | Ρ    | Ρ  | Ρ  | Ρ  | ΡF   | , M  | / P              | Ρ    | Ρ    | Ρ  | ΡI   | ΡW   | / A  | А   | А  | A  | A A  | ΛA    | А    | А  | А  | A  | A /  | A A   | 14           |





# 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<br>Name | Name of<br>employment/Desig<br>nation | Wage period and<br>wage payable | Date and amount of advance given | Purpose(s) for<br>which advance<br>make | No. of instalments<br>of which advance<br>to be repaid | Date and amount<br>of each instalment<br>repaid | Date on which last<br>instalment was<br>repaid | Remarks |
|----------|------|------------------------|---------------------------------------|---------------------------------|----------------------------------|---|--|---|--|---------|
| 1        | 2    | 3                      | 4                                     | 5                               | 6                                | 7                                       | 8  | 9   | 10   | 11      |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      | 1                      | No                                    | Advance paid to any             | / employees in the c             | urrent month Dec, 2                     | 2021   |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
|          | 1    |                        |                                       |                                 |                                  |   |  |   |  |         |
|          |      |                        |                                       | <u> </u>                        |                                  |   |  |   |  |         |
|          |      |                        |                                       |                                 |                                  |   |  |   |  |         |
| 10. * Go |      |                        |                                       |                                 |                                  |   |  |   |  |         |





## 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<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<br>person in<br>whose<br>presence<br>employees<br>explanation<br>was heard | Amount of<br>deduction<br>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             | ges & loss in the c  | urrent month De  | c, 2021                           |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
|              |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |
| 1.1d. * 6.55 |                    |                         |   |                                      |                              |  |  |                                   |                       |                              |                             |         |



## 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<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<br>imposed | Date on which fine realised | Remarks |
|-------|--------------------|------------------------|---|---|------------------|--|--|--------------------------------------|---------------------------|-----------------------------|---------|
| 1     | 2                  | 3                      | 4                                       | 5   | 6                | 7  | 8  | 9                                    | 10                        | 11                          | 12      |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   | No deduction f                            | or damages & los | s in the current mo                                | onth Dec, 2021   |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
|       |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |
| · * C |                    |                        |   |   |                  |  |  |                                      |                           |                             |         |





# 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<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<br>earnings | Date on which<br>overtime wages<br>paid | Remarks |
|-----------|--------------------|------------------------|-----|---|--------------------------------|---|-----------------------|------------------------|---------------------------|---|---------|
| 1         | 2                  | 3                      | 4   | 5                                       | 6                              | 7   | 8                     | 9                      | 10                        | 11                                      | 12      |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   | paid to any employ             | ees in the current  | month Dec. 2021       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
|           |                    |                        |     |   |                                |   |                       |                        |                           |   |         |
| 210 * 675 |                    |                        |     |   |                                |   |                       |                        |                           |   |         |





#### 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 1st Floor Spledor Forum Jasola Name & Address of Establishment In/ under which contract is carried on : Agilent Technologies India Pvt Ltd 1st Floor Spledor Forum Jasola Name and Address of Prinicipal employer : Agilent Technologies India Pvt Ltd 1st Floor Spledor Forum Jasola For the month of : Dec, 2021

| SNo. | Emp Code | Employee Name            | Designation | Attd (in days) | Monthly rate of<br>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<br>Paid | Account No        | Bank Name           | Signature     |
|------|----------|--------------------------|-------------|----------------|-------------------------------------|-------|-----|-----|--------|------------|-------------|--------|-------|------|-----|-----|-----|------|-----------|-----------|--------------------|-------------------|---------------------|---------------|
| 1    | 6031     | MAHENDRA UPADHYAYA       | GUARD       | 23             | 16064                               | 14210 | 0   | 88  | 0      | 0          | 1567        | 0      | 15866 | 1705 | 119 | 1   | 22  | 0    | 0         | 1825      | 14041              | '503010256109     | KOTAK MAHINDRA BANK | Bank Transfer |
| 2    | 7731     | RAMESH KUMAR MALLIK      | SUPERVISOR  | 26             | 19473                               | 19473 | 0   | 100 | 0      | 0          | 10279       | 0      | 29852 | 1800 | 224 | 1   | 22  | 0    | 787       | 2812      | 27041              | '590010061614     | KOTAK MAHINDRA BANK | Bank Transfer |
| 3    | 8845     | BIRENDRA KUMAR THAKUR    | SUPERVISOR  | 8              | 19564                               | 6020  | 0   | 31  | 0      | 0          | 777         | 0      | 6827  | 722  | 51  | 1   | 22  | 0    | 0         | 774       | 6053               | '503010257447     | KOTAK MAHINDRA BANK | Bank Transfer |
| 4    | 11185    | MITHILESH KUMAR PANDEY   | HEAD GUARD  | 26             | 16164                               | 16164 | 0   | 100 | 0      | 0          | 4771        | 0      | 21035 | 1800 | 158 | 1   | 22  | 0    | 0         | 1959      | 19076              | '503010333715     | KOTAK MAHINDRA BANK | Bank Transfer |
| 5    | 13252    | VIJAY KUMAR YADAV        | SUPERVISOR  | 24             | 19564                               | 18059 | 0   | 92  | 0      | 0          | 4902        | 0      | 23054 | 1800 | 173 | 1   | 22  | 0    | 0         | 1974      | 21080              | '503010206778     | KOTAK MAHINDRA BANK | Bank Transfer |
| 6    | 15597    | SHAILENDRA RAY           | HEAD GUARD  | 26             | 16184                               | 16184 | 0   | 100 | 0      | 0          | 6478        | 0      | 22762 | 1800 | 170 | 1   | 22  | 0    | 0         | 1971      | 20791              | '264104000023694  | IDBI BANK,DELHI     | Bank Transfer |
| 7    | 191996   | ARVIND KUMAR SHRIVASTAVA | GUARD       | 26             | 16064                               | 16064 | 0   | 100 | 0      | 0          | 8978        | 0      | 25142 | 1800 | 188 | 1   | 22  | 0    | 0         | 1989      | 23154              | '0192104000163378 | IDBI BANK,DELHI     | Bank Transfer |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: MAHENDRA UPADHYAYA Father Name: Janadin Designation: GUARD

| 1. | No. of Days Worked                                | 23       |
|----|---|----------|
| 2. | No. of units worked in case of piece-rate workers | NIL      |
| 3. | Rate of daily wages/piece-rate                    | 622.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 15866.00 |
| 6. | Deductions, if any                                | 1825.00  |
| 7. | Net amount of wages paid                          | 14041.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: RAMESH KUMAR MALLIK Father Name: SHYAM KISHOR MALLIK

**Designation: SUPERVISOR** 

| 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                    | 753.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 29852.00 |
| 6. | Deductions, if any                                | 2812.00  |
| 7. | Net amount of wages paid                          | 27041.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: BIRENDRA KUMAR THAKUR Father Name: Late Sh Babueji Thakur Designation: SUPERVISOR

| 1. | No. of Days Worked                                | 8       |
|----|---|---------|
| 2. | No. of units worked in case of piece-rate workers | NIL     |
| 3. | Rate of daily wages/piece-rate                    | 756.00  |
| 4. | Amount of overtime wages                          | NIL     |
| 5. | Gross wages payable                               | 6827.00 |
| 6. | Deductions, if any                                | 774.00  |
| 7. | Net amount of wages paid                          | 6053.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: MITHILESH KUMAR PANDEY Father Name: Ramayan Pandey 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                               | 21035.00 |
| 6. | Deductions, if any                                | 1959.00  |
| 7. | Net amount of wages paid                          | 19076.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: VIJAY KUMAR YADAV Father Name: Parasnath Yadav Designation: SUPERVISOR

| 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                    | 756.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 23054.00 |
| 6. | Deductions, if any                                | 1974.00  |
| 7. | Net amount of wages paid                          | 21080.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: SHAILENDRA RAY Father Name: B B RAY 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                               | 22762.00 |
| 6. | Deductions, if any                                | 1971.00  |
| 7. | Net amount of wages paid                          | 20791.00 |





Name & Address of Contractor:G4S Secure Solution (India) Pvt.Ltd Name & Address of Establishment In/ under which contract is carried on:Agilent Technologies India Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Agilent Technologies India Pvt Ltd 1st Floor,Spledor Forum,Jasola, Month:Dec, 2021 Name of Workman: ARVIND KUMAR SHRIVASTAVA Father Name: RAJENDRA PRASAD SRIVASTAVA 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                    | 622.00   |
| 4. | Amount of overtime wages                          | NIL      |
| 5. | Gross wages payable                               | 25142.00 |
| 6. | Deductions, if any                                | 1989.00  |
| 7. | Net amount of wages paid                          | 23154.00 |

