me of the won Da with month and off Month Maternity Lea on which the w Date of Disc of production of	Serial Number nan and her Fathe Husband Name ate of Appointmen Nature of work d year in which sh and not employed No. of days employed ve Availed by G4s voman gives notice charge or Dismiss f proof of pregnan ate of birth of child of proof of delivery	ent er or if married, t ne is employed, laid No. of days laid off S Lady Gaurd for the e under Section 6 sal, if any. ncy under section 6	PRIONE BUSIN PRIVATE LIMIT BADA NO CASE No. of days not employed	TED, H-9, MCIE, RPUR INVOLVED Remarks							
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with month and off Month Maternity Lear on which the way to be production of the p	Husband Name Ate of Appointment Nature of work In dyear in which should not employed No. of days employed ve Availed by G45 woman gives notice charge or Dismiss f proof of pregnant ate of birth of child of proof of delivery	ne is employed, laid No. of days laid off S Lady Gaurd for the ce under Section 6 sal, if any. ncy under section 6	No. of days not employed	Remarks							
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f production of Da of production o	f proof of pregnan ate of birth of child of proof of delivery	ncy under section 6									
Da of production o	ate of birth of child of proof of delivery										
of production o	of proof of delivery	t									
	,		Date of birth of child								
	Date of production of proof of delivery or miscarriage or death										
Date of production of proof of illness referred to in section											
	t of maternity bendexpected delivery	efit paid in advance									
ate with the am	nount of subsequent										
	unt of medical bor section 8	nus, if paid under									
		n account of leave	N	lil							
with amount	of wages paid on										
If the woman dies, the date of her death, the name of the person to whom maternity benefit and / or other amount											
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											
_											
	mn for the use of t	the Inspector									
1	voman dies, the ne of the person woman dies, the ne to whom may woman dies and to whom the analf of the child ignature of the authenticating	under section 10 and period of letter of the person nominated by the section 6 woman dies, the date of her dead to whom maternity benefit and the section dies and the child survive to whom the amount of maternity benefit and the woman dies and the child survive to whom the amount of maternials of the child and the period for ignature of the employer of the authenticating the entries in the	voman dies, the date of her death, the name of the not on to whom maternity benefit and / or other amount baid, the amount thereof, and the date of payment woman dies and the child survives, the name of the to whom the amount of maternity benefit was paid	under section 10 and period of leave granted ne of the person nominated by the woman under section 6 woman dies, the date of her death, the name of the not own maternity benefit and / or other amount heaid, the amount thereof, and the date of payment woman dies and the child survives, the name of the to whom the amount of maternity benefit was paid healf of the child and the period for which it was paid ignature of the employer of the establishment authenticating the entries in the muster roll							



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	7 8	3 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	Р	W	PF	P	Р	PF	W	/ P	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	P۷	N F	P	Р	PΕ	Р	W	P	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	26
3	186368	SONU SINGH TOMAR	BUDH SINGH	MALE	Ρ	W	PF	Р	Р	PΕ	W	/ P	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	26





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 ar	l ny Employees in the cu	rrent month Dec, 2021				
					<u>, , , , , , , , , , , , , , , , , , , </u>					
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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

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
	<u> </u>	-			-		·			-	·	
				<u> </u>								
		T	T	No I	Deduction for Dama	iges & loss in the cu	urrent month Dec, 2	2021				





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 D I " (D	0.1					
			T	No Deduction for Dar	nages & loss in the cur	rent month Dec, 2021	T		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/Designatio n	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
	I.	ı	I.	No OVER T	ME Paid to any Employ	yees in the current mon	th Dec, 2021				





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 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	Arrear	Site Allow	Other Allow	OT/NFH	Total	PF	ESI L	.WF \	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	13226	MUNNA KUMAR	HEAD GUARD	26	16184	16184	0	100	0	0	946	0	17230	1800	129	1	22	0	0	1952	15279	'0602000115335091	PUNJAB NATIONAL BANK	Bank Transfer
2	21024	KRISHAN PAL	HEAD GUARD	26	16184	16184	0	100	0	0	946	0	17230	1800	129	1	22	0	0	1952	15279	'1768101111402	CANARA BANK	Bank Transfer
3	186368	SONU SINGH TOMAR	HEAD GUARD	26	16124	16124	0	100	0	0	944	0	17168	1800	129	1	22	0	0	1952	15216	'503010262055	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:Dec, 2021

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	17230.00
6.	Deductions, if any	1952.00
7.	Net amount of wages paid	15279.00



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:Dec, 2021

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	17230.00
6.	Deductions, if any	1952.00
7.	Net amount of wages paid	15279.00



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:Dec, 2021

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	17168.00
6.	Deductions, if any	1952.00
7.	Net amount of wages paid	15216.00



Initials of the Contractor or his Representative