Form XXIII **Register of Overtime** [(See Rule 78] Name and Address of Contractor G4S Secure Solutions (India) Pvt. Ltd. Name and Address of Principal Employer C-16, Community Center, Janakpuri, InstaKart Services Private Limited New Delhi CHATTERPUR\_DEL\_PLXDOCK 60 FEET ROAD NEW DELHI Name and Address of Estabilishment in/under which contract is carried on Nature and Location of work **Security Services** InstaKart Services Private Limited CHATTERPUR DEL PLXDOCK 60 FEET ROAD NEW DELHI Total overtime Date on which Father's Husband's Designation and Wages of Overtime worked or Normal Normal Overtime Normal Overtime Serial No Name of Workman Sex overtime payment each ocassion production in case Rates rates Earnings of piece rates 10 11 12 13 15

No overtime has been done during the month of Mar-2021



## Form XX [(See Rule 78]

## **Register of Deduction for Damages or Loss**

Name and Address of Contractor

G4S Secure Solutions (India) Pvt. Ltd.

C-16, Community Center, Janakpuri,

New Delhi

Name and Address of Principal Employer

InstaKart Services Private Limited

CHATTERPUR\_DEL\_PLXDOCK 60 FEET ROAD NEW DELHI

Name and Address of Estabilishment in/under which contract is carried on

InstaKart Services Private Limited

CHATTERPUR\_DEL\_PLXDOCK 60 FEET ROAD NEW DELHI

Nature and Location of work

**Security Services** 

Serial No	Name of Workman	Father's Husband's Name	Designation and	Particulars of	Date of Damage		person in	Amount of	No. of	Date of	Recovery	Remarks
Serial NO	Name of Workman	rather's Husband's Name	Department	Damage or Loss	Date of Damage	showed	whose	imposed	instalments	First	Last	Remarks
						cause against	persence	imposeu		Installment	installement	
1	2	3	4	5	6	7	8	9	10	11	12	13

No Deduction for Damage or Loss has been made during the month of Mar-2021



Form >					R	egister of Fin	es					
Name and A	ddress of Contractor	G4S Secure Sol C-16, Community New Delhi				Name and Address of Principal Emp InstaKart Ser CHATTERPUR_	I					
Name and A	ddress of Estabilishment in/under which co	InstaKart Servic	es Private Limit	ed EET ROAD NEW DELHI		Nature and Location of work	Security Services					
Serial No	Name of Workman	Father's Husband's Name	Designation	Act/Ommission for which fine imposed	Date of Offence	Whether Employee showed cause against fine	Name of Person in whose persence employer emplanation was heard(in case of Contractors)	Rate of Wages		Date on which fine realised	Remarks	
1	2	3	4	5	6	7	8	3	10	11	12	



Form XXII

[(See Rule 77(1)(a)(ii)]

**Register of Advances** 

Name and Address of Contractor G4S Secure Solution India Pvt. Ltd.

C-16, Community Centre Janak Puri New Delhi -110058

New Delhi

Name and Address of Principal Employer

InstaKart Services Private Limited

CHATTERPUR\_DEL\_PLXDOCK 60 FEET ROAD NEW DELHI

Name and Address of Estabilishment in/under which contract is carried on

InstaKart Services Private Limited

Nature and Location of work

**Security Services** 

CHATTERPUR\_DEL\_PLXDOCK 60 FEET ROAD NEW DELHI

Serial No	Name of Workman	Father's Husband's Name		, ,	Date and Amount of Advance	Purpose for which advance made	No. of installement by which advances to be repaid	repaid with date of	Date on which Total amount paid	Signature or thumb impression of the worker
1	2	3	4	5	6	7	8	9	10	11

No Advance has been given or deducted during the month of Mar-2021



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

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., Naraina, New Delhi

Nature and Location of Work: Security Services, Watch/Ward: InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

Name and Address of Prinicipal employer: InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

For the month of: MAR'21

SI No.	Clock NO.	Name	Design	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	w/o	Present Days
1	008129	JOHN KIRO	HGD	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Α	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	4	26
2	021650	SANJEET KUMAR	HGD	А	А	Р	Р	Р	Α	Α	Α	Α	Р	Р	Р	Р	Α	А	А	Р	Р	Р	Α	Α	Α	Р	Р	Р	Р	Р	Р	А	Р	Р	0	18
3	025377	PAWAN KR CHAUHAN	HGD	Р	Р	Р	w	Р	Р	Р	Р	Р	Р	w	Р	Р	Р	Р	Р	Р	w	Р	Р	Р	Р	Α	Р	w	Р	Р	Р	Р	Р	Р	4	26
4	550740	RAMESH KUMAR MISHRA	GRD	Р	Р	w	Р	Р	Р	Р	Р	Р	w	Р	Р	Р	Р	Р	Р	w	Р	Р	Р	Р	Р	Р	w	Р	Р	А	Α	Р	Α	А	4	23



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

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., Naraina, New Delhi

Nature and Location of Work: Security, Watch/Ward InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

Name and Address of Prinicipal employer: InstaKart Services Private Limited, K.No.290, 60 ft Road, Dhanmil Compound, Chattar Pur, New Delhi,

For the month of: MAR'21

SNo.	Emp Code	Employee Name	Designati on	Attd (in days)	Monthly rate of wages/pie ce rate	BASIC	VDA	WA	Arrear	Site Allow	Other Allow	OT/NFH	Total	PF	ESI	LWF	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Bank Name	Account No	Remarks
1	008129	JOHN KIRO	HGD	26	15602	15602	0	100	0	0	0	600	16302.1	1800	121	0	22	0	0	1943	14359	ING,Vysya Bank Delhi	590010075580	Bank Transfer
2	021650	SANJEET KUMAR	HGD	18	15562	10773.7	0	69	0	0	0	0	10842.9	1293	80	0	22	0	0	1395	9448	ING,Vysya Bank Delhi	503010252580	Bank Transfer
3	025377	CHAUHAN	HGD	26	15552	15552	0	100	0	0	0	598	16250.2	1800	120	0	22	0	0	1942	14308	State Bank Of India	30995988617	Bank Transfer
4	550740	RAMESH KUMAR MISHRA	GRD	23	15492	13704.5	0	88	0	0	0	596	14388.8	1645	107	0	22	0	0	1773	12616	ALLAHABAD BANK	50316719301	Bank Transfer



FORM 15 (Regulation	on 66)						Ur	nder T			NT BC ee's St		Insurance					
Name of The	Company:		G4S Secure Solutions (Ir C-16, Community Centre New Delhi			Employer's Code No.  InstaKart Services Private Limite CHATTERPUR_DEL_PLXDOCK 60												
SL No	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance Number	Shift & occupation of Employee	Date	Time	Place	Cause Of Injury August		What excatly was the injured person doing at the time of injury	Name occupation address & signature or thumb impresion of the person given notice	Signature & Description of the person who make the entry	Name address & Occupation of two witnesses	Remarks	

No accident during the month of Mar-2021

