

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 Unit # 304,3rd Floor, Corporate One Baani JJasola Name & Address of Establishment In/ under which contract is carried on : Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola Name and Address of Prinicipal employer : Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola For the month of : Feb, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1	2 3	4	5	6 7	78	9	10	11	12	13	14	15	16 1	7 18	19	20	21	22	23	24	25	26	27	28	Present Days
1	717202	JAGNARAYAN PATHAK	AMBIKA PATHAK		Ρ		Ρ	ΡF	P	P	W	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	WΡ	Ρ	Ρ	Ρ	Ρ	Ρ	W	Ρ	Ρ	Ρ	Ρ	Ρ	24





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 Unit # 304,3rd Floor, Corporate One Baani JJasola
Name & Address of Establishment In/ under which contract is carried on : Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola
Name and Address of Prinicipal employer : Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani JJasola
For the month of : Feb, 2022

SNo.	•	Employee Name	Designation	Attd (in davs)	Monthly rate of wages/piece rate	BASIC	VDA	WA A	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
		JAGNARAYAN PATHAK	GUARD	24	0	16064	0	100	0	0	3236	0	19400	1800	145	0	22	0	0	1945	17455	'006501525835	ICICI BANK,NEW DELHI	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.

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 Feb. 2022				
11d. * 6.85											





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:Cushman & Wakefield PMSI Pvt Ltd Nature and Location of Work:Security Services Name and Address of Prinicipal employer:Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor,,Corporate One Baani,JJasola, Month:Feb, 2022 Name of Workman: JAGNARAYAN PATHAK Father Name: AMBIKA PATHAK Designation: GUARD

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	0.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19400.00
6.	Deductions, if any	1945.00
7.	Net amount of wages paid	17455.00



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 Fel	b, 2022				
. Lid. * 075												



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 Feb, 2022		•	•	
18. * 6											





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		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 Feb, 2				
10. * G-										



	м	(See F	m A Rule 3) iity Benefit Act 196	51)				
		ame of Establishme		Cushman & Wakefield PMSI Pvt L Unit # 304,3rd Floor, Corporate O Baani JJasola				
1		Serial Number						
2	Name of the w	oman and her Fath						
2		Husband Name	NO CASE I	NVOLVED				
3		Date of Appointmer	nt					
4		Nature of work						
5		and year in which sh off and not employe	ne is employed, laid d					
	Month	No. of days	No. of days	No. of days	Remarks			
	Month	employed	laid off	not employed	Remarks			
	No Any Maternity L	eave Availed by G4	S Lady Gaurd for th	e month of : Feb, 20)22			
6	Date on which the	e woman gives notic	ce 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	b					
10	Date of production	n of proof of delivery death	y or miscarriage or					
11	Date of production	of proof of illness re 10	eferred to in section					
12		unt of maternity ben of expected delivery	efit paid in advance v					
13		amount of subseque maternity benefit.						
14	Date with the an	nount of medical bo section 8	nus, if paid under					
15	Date with the amo	ount of wages paid of under section 9.	on account of leave	N	il			
16		nt of wages paid on n 10 and period of l						
17	Name of the per	son nominated by t section 6	he woman under					
18	person to whom n	the date of her dea naternity benefit and ount thereof, and th						
19	If the woman dies person to whom th	and the child survive e amount of matern	es, the name of the ity benefit was paid or which it was paid					
20	Signature of t	he employer of the ing the entries in the	establishment					
21		lumn for the use of						