

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

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055

Nature and Location of Work: Security Services, Watch/Ward MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services

Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson

Financial Services Pvt Ltd NEW DELHI

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub DEL (MundkaHub DEL) Crimson Financial Services Pvt Ltd NEW DELHI

Name and Address of Prinicipal employer: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW DELHI

For the month of: Jun, 2022

I	SI No.	Clock NO.	Name	Father Name	Gender	1	2 3	3 4	5	6	7	8	9	10	11 1	2 1	3 14	15	16	17	18	19	20 2	21 2	22	23	24	25	26	27	28	29	30	Present Days
I	1	1324	PREMCHAND KUMAR	Tulsi Saw	MALE	Α	A A	A F	Α	Р	Р	Р	Α	Α	CL	A I	РΑ	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Р	Α	Α	Α	Α	Α	7
ſ	2	25648	KARAMVIR	ANUP SINGH RANA	MALE	Р	PF	Α	W	CL	CL	CL	Р	Р	Р١	N	A P	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Α	W	Р	Р	Р	Р	23





## Form XVII Rule 78(1)(a)(i)

Name & Address of Contractor: G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055

Nature and Location of Work: Security, Watch/Ward MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW DELHI

Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW DELHI

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For the month of: Jun, 2022

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 E	SI LV	/F VDE	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	1324	PREMCHAND KUMAR	SUPERVISOR	23	20019	17709	0	88	0	1029	42	0	18869 1	1800 1	41 1	22	0	2973	4937	13932	'503010271852	KOTAK MAHINDRA BANK	Bank Transfer
2	25648	KARAMVIR	HEAD GUARD	26	16566	16566	0	100	0	884	654	0	18204 1	1800 1	36 1	22	0	0	1959	16245	'3008101009625	CANARA BANK	Bank Transfer





# Form XXIII Rule 78(1) (a)(iii) Register of Overtime

#### Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

### Name & Address of Establishment In/ under which contract is carried on:

InstaKart Services Private Limited
MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

### Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

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
				No OVER TIME	paid to any employ	ees in the current	month Jun, 2022				
18. * 6											





## 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., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

### Name & Address of Establishment In/ under which contract is carried on:

InstaKart Services Private Limited

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW DELHI

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

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	luction for damag	ges & loss in the o	current month Jur	n, 2022		•		
<del></del>												





### FORM XXI Rule 78(1)a(ii) Register of Fines

#### Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

### Name & Address of Establishment In/ under which contract is carried on:

InstaKart Services Private Limited

MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

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 Jun, 2022				





# Form XXII Rule 78(1) (a)(ii) Register of Advances

#### Name & Address of Contractor:

G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055 Security, Watch/Ward.

### Name & Address of Establishment In/ under which contract is carried on:

InstaKart Services Private Limited
MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson Financial
Services Pvt Ltd MangolpuriHub\_DEL (MundkaHub\_DEL)
Crimson Financial Services Pvt Ltd MangolpuriHub\_DEL
(MundkaHub\_DEL) Crimson Financial Services Pvt Ltd NEW
DELHI

### Name and Address of Prinicipal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

SI.No	SI.No Name Father/Husband		Name of employment/Desig nation Wage period ar		Date and amount of advance given	Purpose(s) for which advance make		Date and amount of each instalment repaid	Date on which last instalment was repaid	Remarks
1	2	3	4	5	6	7	8	9	10	11
			No	Advance paid to any	employees in the c	urrent month lun 2	022			
	1		NO	Advance paid to any	Chiployees in the C	arront month out, 2	022			



		Forr (See R	ule 3)						
	Muster Roll ( N	<u>Materni</u>	ty Benefit Act 196	<b>31)</b>					
				InstaKart Service	s Private Limited,				
				MangolpuriHub_DEL					
				(MundkaHub_DEL) Crimson Financ					
	Name of Estab	lichmo	ot.	Services Pvt Ltd MangolpuriHub_D					
	Name of Estab	(MundkaHub_DEL)	) Crimson Financial						
				(MundkaHub_DEL)	) Crimson Financial				
				Services Pvt L	td NEW DELHI				
1	Serial Nun	nber							
2	Name of the woman and he	r Fathe	er or if married,						
2	Husband N	lame		NO CASE	INVOLVED				
3	Date of Appoi	intment							
4	Nature of v	work							
	Dates with month and year in wh	hich sh	e is employed, laid						
5	off and not em								
	No. of da		No. of days	No. of days					
	Month employe		laid off	not employed	Remarks				
	No Any Maternity Leave Availed				022				
				e month of . Juli, 2	022				
6	Date on which the woman give								
7	Date of Discharge or D								
8	Date of production of proof of pro	cy under section 6							
9	Date of birth of								
10	Date of production of proof of d								
10	death								
11	Date of production of proof of illr	ferred to in section							
11	10								
12	Date with the amount of materni	ty bene	efit paid in advance						
12	of expected of	delivery							
13	Date with the amount of sul	bseque	nt payment of						
13	maternity be	enefit.							
14	Date with the amount of medi-	cal bon	us, if paid under						
14	section	8							
15	Date with the amount of wages	paid or	n account of leave	N	lil .				
15	under section	on 9.							
40	Date with amount of wages pages	aid on a	account of leave						
16	under section 10 and peri	od of le	eave granted						
47	Name of the person nominate	ed by th	ne woman under						
17	section	6							
	If the woman dies, the date of h	er deat	h, the name of the						
18	person to whom maternity bene	/ or other amount							
	was paid, the amount thereof,								
	If the woman dies and the child								
19	person to whom the amount of r								
	on behalf of the child and the pe	r which it was paid							
	Signature of the employer	establishment							
20	authenticating the entries								
21	Remarks column for the u	use of the	he Inspector						
10. * Q									