Form-XIV (see Rule 76) Employment Card

Name & Address of Contractor:

G4S Secure Solutions India Private Limited 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi -110055

Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	MUKESH KUMAR SAINI
2	S.No. in the register of workman employed	
3	Nature of employment / designation	GUARD
4	Wages rate (with particularly of unit in case of piece work)	16606.00
5	Wage period	Monthly
6	Tenure of Employment	14-06-2010
7	Remarks	



Signature of the Contractor

Form-XIV (see Rule 76) Employment Card

Name & Address of Contractor:

G4S Secure Solutions India Private Limited 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi -110055

Nature and Location of work:

Security & Services Plot No.19, Chatterpur Extension, A-1 BLOCK,,,

Name and address of establishment in / under which contract is caried on :

InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	VINDHYACHAL PRASAD CHAUHAN
2	S.No. in the register of workman employed	
3	Nature of employment / designation	HEAD GUARD
4	Wages rate (with particularly of unit in case of piece work)	16706.00
5	Wage period	Monthly
6	Tenure of Employment	06-12-2000
7	Remarks	



Signature of the Contractor



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 Plot No.19, Chatterpur Extension A-1 BLOCK, Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK, Name and Address of Prinicipal employer : InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK, For the month of : Jun, 2022

SI	No.	Clock NO.	Name	Father Name	Gender	1	2	3 4	5	6	7 8	9	10	11	12	13	14 ⁻	15 1	16 1	71	8 1	9 2	0 2 [.]	1 2	2 2	3 2	4 25	26	27	28	29	30 P	Present Days
	1	378779	MUKESH KUMAR SAINI	SH CHHOTU RAM SAINI	MALE	A	A	A A	A	A C	LC	L C	A	PL	PL	А	А	A	A	A A	A F	PF	PF	PF	٧	V A	٩P	Ρ	Ρ	Ρ	Ρ	W	14
:	2	22028	VINDHYACHAL PRASAD CHAUHAN	Sh Brijmohan Prasad Chauhan	MALE	Ρ	ΡI	ΡP	Ρ	P١	VF	P	Ρ	Ρ	Ρ	Ρ	W	Ρ	ΡF	PF	Α	A	A	A	A A	٩F	PA	А	А	А	А	Ρ	18





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 Plot No.19, Chatterpur Extension A-1 BLOCK,

Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Prinicipal employer : InstaKart Services Private Limited Plot No.19, Chatterpur Extension A-1 BLOCK,

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	ESI L	WF VC)D GP	AI Other De	d Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	378779	MUKESH KUMAR SAINI	GUARD	15	16506	9523	0	58	0	884	85	0	10549	1143	79	1 2	2 (0	1245	9305	'0168ZM3017001	INDUSIND Bank - New Delhi	Bank Transfer
2	22028	VINDHYACHAL PRASAD CHAUHAN	HEAD GUARD	26	16606	16606	0	100	0	765	2248	0	19719	1800	148	1 2	2 (0	1971	17748	'3159222024	CENTRAL BANK OF INDIA	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
				No OVER TIME	paid to any employ	vees in the current	month Jun. 2022				
Lie * Cro											





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:InstaKart Services Private Limited Nature and Location of Work:Security Services Name and Address of Prinicipal employer:InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,, Month:Jun, 2022 Name of Workman: MUKESH KUMAR SAINI Father Name: SH CHHOTU RAM SAINI Designation: GUARD

1.	No. of Days Worked	15
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	639.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	10549.00
6.	Deductions, if any	1245.00
7.	Net amount of wages paid	9305.00



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:InstaKart Services Private Limited Nature and Location of Work:Security Services Name and Address of Prinicipal employer:InstaKart Services Private Limited Plot No.19, Chatterpur Extension,A-1 BLOCK,,, Month:Jun, 2022 Name of Workman: VINDHYACHAL PRASAD CHAUHAN Father Name: Sh Brijmohan Prasad Chauhan 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	643.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19719.00
6.	Deductions, if any	1971.00
7.	Net amount of wages paid	17748.00



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
			1	No dec	luction for damag	ges & loss in the c	current month Jur	n, 2022				
14. * Grs												



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 Jun, 2022				
**											





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	Date on which last instalment was repaid	Remarks
1	2	3	4	5	6	7	8	9	10	11
				A						
	1	1	NO	Advance paid to any	employees in the c	urrent month Jun, 2	.022			
18. * G										



	м	(See F	m A Rule 3) iity Benefit Act 196	51)				
		ame of Establishme		InstaKart Services Plot No.19, Chatter BLO	pur Extension A-			
1		Serial Number						
2	Name of the w	oman and her Fath	er or if married,					
2		Husband Name		NO CASE INVOLVED				
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			
	WORK	employed	laid off	not employed	Remarks			
	No Any Maternity L	eave Availed by G4	S Lady Gaurd for th	e month of : Jun, 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 am	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	Ν	il			
16		nt of wages paid on n 10 and period of l						
17		son nominated by t section 6						
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						