

# 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 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 establishment in / under which contract is caried 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 Principal Employer :	
InstaKart Services Private Limited	

1	Name of the workman and address	PREMCHAND KUMAR
2	S.No. in the register of workman employed	
3	Nature of employment / designation	SUPERVISOR
4	Wages rate (with particularly of unit in case of piece work)	19573.00
5	Wage period	Monthly
6	Tenure of Employment	22-11-1991
7	Remarks	



Signature of the Contractor



# Form-XIV (see Rule 76) Employment Card

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

Nature and Location of work:

Security & Services 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 establishment in / under which contract is caried 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 Principal Employer :
InstaKart Services Private Limited

1	Name of the workman and address	KARAMVIR
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)	16224.00
5	Wage period	Monthly
6	Tenure of Employment	05-06-2003
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., 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 Name & Address of Establishment In/ under which contract is carried on: InstaKart Services Private Limited MangolpuriHub\_DEL Name and Address of Prinicipal employer: InstaKart Services Private Limited MangolpuriHub\_DEL (MundkaHub\_DEL) Crimson

For the month of : Mar, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1	2 3	3 4	5	6	7 8	8 9	10	11	12	13	14	15	16	17	18	19	20	21 2	22	23 2	24 2	25 2	26 2	27	28	29	30	31	Present Days
1	1324	PREMCHAND KUMAR	Tulsi Saw	MALE	Α	A A	A	Р	Α	A	Α	A	Α	Α	Р	Α	Α	Α	Α	Α	Α	Α	Α	Р	Α.	A .	Α	Α.	Α	Р	Р	Р	Α	7
2	25648	KARAMVIR	ANUP SINGH RANA	MALE	Ρ	P۷	۷P	Α	Ρ	P A	A F	W	Р	Р	Α	Р	Р	Р	W	Р	Р	Р	P .	Α	Р١	N	Р	Р	Р	CL	Α	CL	W	21





## 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

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: Mar, 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 ES	LWI	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	1324	PREMCHAND KUMAR	SUPERVISOR	26	19473	19473	0 100	0	0	811	0	20384	1800 15	3 0	22	0	3540	5515	14869	'503010271852	KOTAK MAHINDRA BANK	Bank Transfer
2	25648	KARAMVIR	HEAD GUARD	26	16124	16124	0 100	0	0	620	0	16844	1800 12	6 0	22	0	0	1948	14896	'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 Mar, 2022				
*											





#### 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 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

Month:Mar, 2022

Name of Workman: PREMCHAND KUMAR

Father Name: Tulsi Saw Designation: SUPERVISOR

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	753.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	20384.00
6.	Deductions, if any	5515.00
7.	Net amount of wages paid	14869.00



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 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

Month:Mar, 2022

Name of Workman: KARAMVIR Father Name: ANUP SINGH RANA

**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	16844.00
6.	Deductions, if any	1948.00
7.	Net amount of wages paid	14896.00



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., 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 Ma	r, 2022				
I												





#### 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 Mar, 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	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		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
	1		No	Advance paid to any	employees in the c	urrent month Mar. 2	0022			
	1		NO.	Advance paid to any	Chiployees in the C	unont month wat, z	.022			



Form A (See Rule 3)						
Muster Roll ( Maternity Benefit Act 1961)						
	Name of Establishment			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		
1	Serial Number			NO CASE INVOLVED		
2	Name of the woman and her Father or if married, Husband Name					
3	Date of Appointment					
4	Nature of work					
5		and year in which sh off and not employe				
	Mandh	No. of days	No. of days	No. of days	Remarks	
	Month	employed	laid off	not employed		
	No Any Maternity Leave Availed by G4S Lady Gaurd for t				022	
6	Date on which the woman gives notice under Section 6					
7	Date of Discharge or Dismissal, if any.					
8	Date of production of proof of pregnancy under section 6					
9	Date of birth of child					
10	Date of production of proof of delivery or miscarriage or death					
11	Date of production of proof of illness referred to in section  10					
12	Date with the amount of maternity benefit paid in advance of expected delivery					
13	Date with the amount of subsequent payment of maternity benefit.					
14	Date with the amount of medical bonus, if paid under section 8					
15	Date with the amount of wages paid on account of leave under section 9.					
16	Date with amount of wages paid on account of leave under section 10 and period of leave granted					
17	Name of the person nominated by the woman under section 6					
18	person to whom n	the date of her dea naternity benefit and ount thereof, and the	d / or other amount			
19	person to whom th	and the child survive e amount of matern illd and the period fo	ity benefit was paid			
20	Signature of the employer of the establishment authenticating the entries in the muster roll					
21	Remarks column for the use of the Inspector					

THE SOCIETY OF SOCIETY