

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

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

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

Nature and Location of work:

Security & Services 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	PRADEEP KUMAR
2	S.No. in the register of workman employed	
3	Nature of employment / designation	HEAD GUARD
1 4	Wages rate (with particularly of unit in case of piece work)	16952.00
5	Wage period	Monthly
6	Tenure of Employment	09-07-2004
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

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

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

Nature and Location of work:

Security & Services 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)	16892.00
5	Wage period	Monthly
6	Tenure of Employment	14-06-2010
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: Nov, 2022

SI No.	Clock NO.	Name	Father Name	Gender	1 2	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19 2	20 2	21 2	22	23	24	25 2	26	27	28	29	30	Present Days
1	26238	PRADEEP KUMAR	ANOKHE LAL	MALE	A	A	Α	Α	Р	Р	Р	Р	Р	Α	Α	Α	Α	Α	Α	Α	Α	Α	A A	A .	Α	Α	Α	Α	A	Α	CL	Α	Α	6
2	378779	MUKESH KUMAR SAINI	SH. CHHOTU RAM SAINI	MALE	PF	Р	Р	W	CL (CL	CL	PL	PL	Р	W	Р	Р	Р	Р	Р	РΙ	W	РΙ	Р	Р	Р	Р	Р١	Ν	Р	Р	Р	Р	26





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

For the month of: Nov, 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	LWF	VDD	GPAI	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	26238	PRADEEP KUMAR	HEAD GUARD	26	16852	16852	0	100	3895	0	7454	0	28301	1800	212	0	22	0	0	2034	26267	'590010065965	KOTAK MAHINDRA BANK	Bank Transfer
2	378779	MUKESH KUMAR SAINI	GUARD	26	16792	16792	0	100	0	0	2583	0	19475	1800	146	0	22	0	0	1968	17507	'0168ZM3017001	INDUSIND 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.

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

FOR THE MONTH OF

Nov, 2022

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 Nov, 2022				
A. * O											





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 H29/25, Ashtalakshmi Garden, Basanth

Nagaram, Chenani, Chenani

Month:Nov, 2022

Name of Workman: PRADEEP KUMAR

Father Name: ANOKHE LAL 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	652.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	28301.00
6.	Deductions, if any	2034.00
7.	Net amount of wages paid	26267.00



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 H29/25, Ashtalakshmi Garden, Basanth

Nagaram, Chenani, Chenani

Month:Nov, 2022

Name of Workman: MUKESH KUMAR SAINI Father Name: SH. CHHOTU RAM SAINI

Designation: 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	650.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19475.00
6.	Deductions, if any	1968.00
7.	Net amount of wages paid	17507.00



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.

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

FOR THE MONTH OF

Nov, 2022

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 o	urrent month No	v, 2022				
18. * Q												





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.

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

FOR THE MONTH OF

Nov, 2022

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 Nov, 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.

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

FOR THE MONTH OF Nov, 2022

Name of Purpose(s) for No. of instalments Date and amount Date on which last Father/Husband Wage period and Date and amount SI.No employment/Desig which advance of which advance of each instalment instalment was Name Remarks of advance given Name wage payable nation make to be repaid repaid repaid 1 2 3 4 5 6 7 8 9 10 11 No Advance paid to any employees in the current month Nov, 2022



		•	Rule 3)					
	<u>М</u> і	uster Roll (Materr	nity Benefit Act 196					
	Na	ame of Establishme	ent	InstaKart Services Plot No.19, Chatter BLO	pur Extension A			
1		Serial Number						
2	Name of the wo	oman and her Fath	er or if married,					
		Husband Name		NO CASE I	NVOLVED			
3		Date of Appointmer						
4	Data ill accella	Nature of work						
5		ind year in which st off and not employe	ne is employed, laid .d					
		No. of days	No. of days	No. of days				
	Month	employed	laid off	not employed	Remarks			
	No Any Maternity Le	-	•	· · ·	022			
6			ce under Section 6	,	-			
7		ischarge or Dismis						
8			ncy under section 6					
9	I	Date of birth of child	d					
10	Date of production	of proof of deliver	y or miscarriage or					
11	Date of production							
12	Date with the amou	int of maternity ben of expected deliver	•					
13		amount of subseque maternity benefit.						
14	Date with the am	ount of medical bo section 8	nus, if paid under					
15	Date with the amo	unt of wages paid of under section 9.	on account of leave	N	il			
16		nt of wages paid on n 10 and period of I						
17		son nominated by t						
18	person to whom m	naternity benefit and	ath, the name of the d / or other amount e date of payment					
19	If the woman dies a	and the child survive amount of matern	es, the name of the nity benefit was paid or which it was paid	e d				
20	Signature of the	he employer of the	establishment					
21	Remarks col	ump for the use of	the Inspector					