

# Form-XIV (see Rule 76) Employment Card

Name & Address of Contractor:

G4S Secure Solutions India Private Limited
47-48, C Block Community Center Naraina, New Delhi-110028

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

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

Nature and Location of work:

Security & Services Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

Name and address of Principal Employer:

Cushman & Wakefield PMSI Pvt Ltd , Unit # 304,3rd Floor,,Corporate One Baani,JJasola,

1	Name of the workman and address	JAGNARAYAN PATHAK
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	28-12-2018
7	Remarks	

Signature of the Contractor



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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 : Apr. 2023

SI No.	Clock NO.	Name	Father Name	Gender	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Present Days
1	717202	JAGNARAY AN PATHAK		MALE	Р	Р	Р	P	Р	P	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	P	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	26



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#### 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 : Apr. 2023

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	717202	JAGNARAYAN PATHAK	GUARD	26	16792.00	16792.00	0.00	100.00	0.00	2000.00	2583.00	0.00	21475.00	1800.00	161.00	0.00	22.00	0.00	0.00	1983.00	19492.00	'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.

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

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 Apr, 2023				
					_						_
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#### 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 Buildingno7A 3rd4thFloor PHIIDLFCyberCity,,,

Month: Apr, 2023

Name of Workman: JAGNARAYAN PATHAK

**Father Name: AMBIKA PATHAK** 

**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	21475.00
6.	Deductions, if any	1983.00
7.	Net amount of wages paid	19492.00



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:

Cushman & Wakefield PMSI Pvt Ltd

Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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 damaç	ges & loss in the o	current month Ap	r, 2023				





#### 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:

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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 Apr, 2023				
								_			





## 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:

Cushman & Wakefield PMSI Pvt Ltd
Unit # 304,3rd Floor, Corporate One Baani JJasola

Name and Address of Prinicipal employer:

Cushman & Wakefield PMSI Pvt Ltd

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	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
	•	•	No	Advance paid to an	y employees in the c	current month Apr, 2	023			
						•				



			m A Rule 3)					
	М	uster Roll ( Matern	•	51)				
		ame of Establishme		Cushman & Wake Unit # 304,3rd Flo				
1		Serial Number						
2	Name of the w	oman and her Fatho Husband Name	er or if married,	NO CASE	INVOLVED			
3		Date of Appointmen	t					
4		Nature of work						
5		and year in which sh off and not employe						
	Month	No. of days employed	No. of days laid off	No. of days	Remarks			
	No Any Maternity L	eave Availed by G4	S Lady Gaurd for th	ne month of : Apr, 2	023			
6		e woman gives notic						
7	Date of D	ischarge or Dismiss	sal, if any.					
8	Date of production	of proof of pregnar	ncy under section 6					
9		Date of birth of child	d					
10	Date of production	n of proof of delivery death	or miscarriage or					
11	Date of production	of proof of illness re	eferred to in section					
12		unt of maternity benote of expected delivery	•					
13	Date with the	amount of subseque	ent payment of					
14	Date with the am	nount of medical bor section 8	nus, if paid under					
15	Date with the amo	unt of wages paid o under section 9.	on account of leave	N	lil			
16		nt of wages paid on n 10 and period of le						
17	Name of the per	son nominated by the	he woman under					
18	person to whom n	the date of her deanaternity benefit and but thereof, and the	d / or other amount					
19	If the woman dies	and the child survive e amount of matern ild and the period fo	es, the name of the ity benefit was paid					
20	Signature of t	he employer of the	establishment					
21	Remarks co	umn for the use of t	the Inspector					
Suo Huos								