

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	AKHILESH PRASAD
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)	17444.00
5	Wage period	Monthly
6	Tenure of Employment	17-06-1998
7	Remarks	



Signature of the Contractor



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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	DEVENDER KUMAR
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)	17394.00
5	Wage period	Monthly
6	Tenure of Employment	01-04-2004
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

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
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1	Name of the workman and address	KARAMVIR
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	02-05-2023
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 MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Ser

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 MangolpuriHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd

For the month of: May, 2023

SI No.	Clock NO.	Name Father	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	31	Present Days
1	017087	AKHILESH PRASAD Chandr Thaku	a MALE	А	Р	А	CL	А	А	А	А	А	A	А	A P	А	А	А	А	А	А	Р	А	А	А	А	А	А	Р	А	А	А	А	5
2	024972	DEVENDE R KUMAR CHET RA	MALE	Р	А	А	А	А	А	А	А	А	A	CL	A A	А	А	А	А	А	А	А	А	А	А	А	А	А	А	А	А	А	А	2
3	946845	KARAMVIR ANUF	MALE	А	А	Р	Р	Р	W	Р	Р	Р	Р	Р	P W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	25





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 MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt

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 MangolpuriHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL) Crimson Financial Services Pvt Ltd MangolpuriHub_DEL (MundkaHub_DEL) Crimson Financial Services Pvt Ltd

For the month of : May, 2023

SNo.	Emp Code	Employee Name	Designation	ESIC NO	UAN NO	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	017087	AKHILESH PRASAD	HEAD GUARD	2005229474	100077074564	8	17344.00	5337.00	0.00	31.00	0.00	119.00	150.00	0.00	5636.00	640.00	43.00	0.00	22.00	0.00	0.00	705.00	4931.00	'5407911228	CITI BANK, DELHI	Bank Transfer
2	946845	KARAMVIR	GUARD	2005898008	100189797855	26	17234.00	17234.00	0.00	100.00	0.00	0.00	0.00	0.00	17334.00	1800.00	130.00	0.00	22.00	23.00	0.00	1975.00	15359.00	'3008101009625	CANARA BANK	Bank Transfer
3	024972	DEVENDER KUMAR	HEAD GUARD	2006759687	100133965936	20	17294.00	13303.00	0.00	77.00	0.00	357.00	6948.00	0.00	20685.00	1596.00	155.00	0.00	22.00	0.00	0.00	1773.00	18912.00	'100026098011	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
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 May, 2023				





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 No. 1, SF No. 105, 105/2, MKS Tower, Sundaram Nagar,

Aachipatti Panchayat,Sangampalayam Village,COIMBATORE

Month: May, 2023

Name of Workman: AKHILESH PRASAD Father Name: Gulab Chandra Thakur

Designation: HEAD GUARD

1.	No. of Days Worked	8
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	671.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	5636.00
6.	Deductions, if any	705.00
7.	Net amount of wages paid	4931.00



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 No. 1, SF No. 105, 105/2, MKS Tower, Sundaram Nagar,

Aachipatti Panchayat,Sangampalayam Village,COIMBATORE

Month: May, 2023

Name of Workman: DEVENDER KUMAR

Father Name: CHET RAM Designation: HEAD GUARD

1.	No. of Days Worked	20
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	669.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	20685.00
6.	Deductions, if any	1773.00
7.	Net amount of wages paid	18912.00



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 No. 1, SF No. 105, 105/2, MKS Tower, Sundaram Nagar,

Aachipatti Panchayat,Sangampalayam Village,COIMBATORE

Month: May, 2023

Name of Workman: KARAMVIR Father Name: ANUP SINGH

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	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	17334.00
6.	Deductions, if any	1975.00
7.	Net amount of wages paid	15359.00



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

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 deduction for damages & loss in the current month May, 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:

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 May, 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:

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	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 any	employees in the c	urrent month May, 2	2023			



			m A Rule 3)					
	M	uster Roll (Matern	ity Benefit Act 196	31)				
	N	ame of Establishme	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						
2	Name of the w	oman and her Fatho Husband Name	NO CASE INVOLVED					
3		Date of Appointmen						
4		Nature of work						
5		and year in which sh off and not employe						
	NA south	No. of days	No. of days	No. of days	Damada			
	Month	employed	laid off	not employed	Remarks			
	No Any Maternity Lo	eave Availed by G4	e month of : May, 2	2023				
6	Date on which the	e woman gives notic						
7	Date of D	Discharge or Dismiss						
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						
12		unt of maternity ben of expected delivery	-	Nil				
13	Date with the	amount of subseque	ent payment of					
14	Date with the an	nount of medical bor section 8	nus, if paid under					
15	Date with the amo	ount of wages paid o under section 9.	on account of leave					
16	Date with amount of wages paid on account of leave under section 10 and period of leave granted							
17	Name of the per	rson nominated by the section 6	he woman under					
18	If the woman dies, the date of her death, the name of the person to whom maternity benefit and / or other amount was paid, the amount thereof, and the date of payment							
19	person to whom th	and the child survive e amount of matern hild and the period fo	ity benefit was paid					
20	1	the employer of the ing the entries in the						
21	Remarks co	lumn for the use of t						

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