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

Nature and Location of work:

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

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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	28-12-2018
7	Remarks	

Signature of the Contractor



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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 r	nonth o	f :	Se	D.	. 20	23

	e mor	ntn of : Sep. 20	123																																
SI N		ock 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	7'	JAGNARAY AN PATHAK	AMBIKA PATHAK	MALE	Ρ	Р	Р	Р	Р	Р	W	Р	Р	Р	Р	Ρ	Ρ	w	Р	Ρ	Р	Р	Р	Р	V	Р	Ρ	Ρ	Р	Р	Р	W	Р	Р	26



MUSTER ROLL Rule 78(1)(a)(i) Form XVI



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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 : S	ep, 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	717202	JAGNARAYAN PATHAK	GUARD	2007214385	100170878209	26	17234.00	17234.00	0.00	100.00	0.00	2000.00	2651.00	0.00	21985.00	1800.00	165.00	0.00	22.00	0.00	0.00	1987.00	19998.00	'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.

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 Sep, 2023				
20 + 675											





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 MCAFEE SITE RECTANGLE 1, D 4, DISTRICT CENTRE SAKET,,, Month:Sep, 2023 Name of Workman: JAGNARAYAN PATHAK Father Name: AMBIKA PATHAK

Designation: GUARD

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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	21985.00
6.	Deductions, if any	1987.00
7.	Net amount of wages paid	19998.00



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
				No ded	uction for damag	ges & loss in the c	urrent month Se	p, 2023				
110 × 626												



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 Sep, 2023				
10: * 0											





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		Remarks
1	2	3	4	5	6	7	8	9	10	11
			No	Advance paid to any	/ employees in the c	urrent month Sep. 2	2023			
10. * 0.										



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REGISTER OF WORKMEN EMPLOYED BY CONTRACTOR Form XIII [See Rule 75]

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 : Sep. 2023

SR. NO.	ERP No	Name and Surname of Workmen	Age and Sex	Nature of Employment/ Designation	Permanent Home Address of Workmen (Village and Tahsil/ Taluk and District)	Local Address	Date of Commencement of Employment	Signature or Thumb- Impression of Workmen	Date of Termination of Employment	Reasons for Termination	Remarks
1	717202	JAGNARAYAN PATHAK	MALE	GUARD			2018-12-28				



	M	(See F	m A Rule 3) hity Benefit Act 196	51)					
		ame of Establishme		Cushman & Wakef Unit # 304,3rd Floo Baani J	or, Corporate One				
1		Serial Number							
2	Name of the w	oman and her Fath	er or if married,						
۷	_	Husband Name		NO CASE I	NVOLVED				
3		Date of Appointmer	nt						
4	_	Nature of work		1					
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				
	WORT	employed	laid off	not employed	Remarks				
	No Any Maternity Le	eave Availed by G4	S Lady Gaurd for th	e month of : Sep, 20	023				
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	unt of wages paid of under section 9.	on account of leave	Ν	il				
16		nt of wages paid on n 10 and period of I							
17		son nominated by t section 6							
18	person to whom m	the date of her dea naternity benefit and ount thereof, and th							
19	If the woman dies a person to whom the	and the child survive e amount of matern	es, the name of the hity 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							