



**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 carried 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	SUSHIL KUMAR JHA
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)	19664.00
5	Wage period	Monthly
6	Tenure of Employment	08-02-1993
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 carried 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)	16164.00
5	Wage period	Monthly
6	Tenure of Employment	14-06-2010
7	Remarks	

Signature of the Contractor





**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 :** Apr, 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	2965	SUSHIL KUMAR JHA	SUPERVISOR	26	19564	19564	0	100	0	0	8045	0	27709	1800	208	0	25	0	4523	6556	21153	'264104000086383	IDBI BANK,DELHI	Bank Transfer
2	378779	MUKESH KUMAR SAINI	GUARD	26	16064	16064	0	100	0	0	1236	0	17400	1800	130	0	25	0	0	1955	15445	'0168ZM3017001	INDUSIND Bank - New Delhi	Bank Transfer







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

**Month:**Apr, 2022

**Name of Workman:** SUSHIL KUMAR JHA

**Father Name:** Ram Shankar Jha

**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	756.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	27709.00
6.	Deductions, if any	6556.00
7.	Net amount of wages paid	21153.00

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

**Month:**Apr, 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	622.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	17400.00
6.	Deductions, if any	1955.00
7.	Net amount of wages paid	15445.00

Initials of the Contractor or his Representative











**Form A**  
**(See Rule 3)**  
**Muster Roll ( Maternity Benefit Act 1961)**

	Name of Establishment			InstaKart Services Private Limited, Plot No.19, Chatterpur Extension A-1 BLOCK,	
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	Dates with month and year in which she is employed, laid off and not employed				
	Month	No. of days employed	No. of days laid off	No. of days not employed	Remarks
No Any Maternity Leave Availed by G4S Lady Gaurd for the month of : Apr, 2022					
6	Date on which the woman gives notice under Section 6			Nil	
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	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	If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it 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				

