



**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 carried on :

PRIONE BUSINESS SERVICES PRIVATE LIMITED  
H-9, MCIE, BADARPUR,,,

Nature and Location of work:

Security & Services H-9, MCIE, BADARPUR,,,

Name and address of Principal Employer :

PRIONE BUSINESS SERVICES PRIVATE LIMITED

1	Name of the workman and address	MUNNA 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)	16284.00
5	Wage period	Monthly
6	Tenure of Employment	16-04-1997
7	Remarks	

Signature of the Contractor





**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 carried on :

PRIONE BUSINESS SERVICES PRIVATE LIMITED  
H-9, MCIE, BADARPUR,,,

Nature and Location of work:

Security & Services H-9, MCIE, BADARPUR,,,

Name and address of Principal Employer :

PRIONE BUSINESS SERVICES PRIVATE LIMITED

1	Name of the workman and address	KRISHAN PAL
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)	16284.00
5	Wage period	Monthly
6	Tenure of Employment	01-02-2000
7	Remarks	

Signature of the Contractor





**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 carried on :

PRIONE BUSINESS SERVICES PRIVATE LIMITED  
H-9, MCIE, BADARPUR,,,

Nature and Location of work:

Security & Services H-9, MCIE, BADARPUR,,,

Name and address of Principal Employer :

PRIONE BUSINESS SERVICES PRIVATE LIMITED

1	Name of the workman and address	SONU SINGH TOMAR
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)	16224.00
5	Wage period	Monthly
6	Tenure of Employment	27-12-2006
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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Apr, 2022

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	13226	MUNNA KUMAR	Hari Singh	MALE	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	22
2	21024	KRISHAN PAL	Budh Singh	MALE	P	P	A	P	W	P	P	P	A	P	W	P	P	P	P	A	P	W	P	P	P	P	A	P	W	P	P	P	P	22	
3	186368	SONU SINGH TOMAR	BUDH SINGH	MALE	P	P	A	P	P	W	P	P	A	P	P	W	P	P	P	A	P	P	W	P	P	P	A	P	P	W	P	P	P	22	





**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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**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	13226	MUNNA KUMAR	HEAD GUARD	26	16184	16184	0	100	0	0	-622	622	16284	1800	127	0	25	0	622	2574	13710	'0602000115335091	PUNJAB NATIONAL BANK	Bank Transfer
2	21024	KRISHAN PAL	HEAD GUARD	26	16184	16184	0	100	0	0	-622	622	16284	1800	127	0	25	0	622	2574	13710	'1768101111402	CANARA BANK	Bank Transfer
3	186368	SONU SINGH TOMAR	HEAD GUARD	26	16124	16124	0	100	0	0	-620	620	16224	1800	126	0	25	0	620	2571	13653	'503010262055	KOTAK MAHINDRA BANK	Bank Transfer





**REGISTER OF OVERTIME  
FORM XXIII, See Rule 78 (1) (a) (iii)**

**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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Apr, 2022

SNo.	Name of Workman	Father/Husband Name	Sex	Nature of employment/Designation	Dates on which overtime worked	Total overtime worked or production in case of piece-rates	Normal rate of wages	overtime rate of wages	overtime earnings	Date on which overtime wages paid	Remarks
No OVERTIME paid to any employees in the current month											





**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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

**Month:**Apr, 2022

**Name of Workman:** MUNNA KUMAR

**Father Name:** Hari Singh

**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	626.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16284.00
6.	Deductions, if any	2574.00
7.	Net amount of wages paid	13710.00

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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

**Month:**Apr, 2022

**Name of Workman:** KRISHAN PAL

**Father Name:** Budh Singh

**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	626.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16284.00
6.	Deductions, if any	2574.00
7.	Net amount of wages paid	13710.00

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:**PRIONE BUSINESS SERVICES PRIVATE LIMITED

**Nature and Location of Work:**Security Services

**Name and Address of Principal employer:**PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR,,,

**Month:**Apr, 2022

**Name of Workman:** SONU SINGH TOMAR

**Father Name:** BUDH SINGH

**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	624.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	16224.00
6.	Deductions, if any	2571.00
7.	Net amount of wages paid	13653.00

Initials of the Contractor or his Representative





**REGISTER OF DEDUCTION FOR DAMAGE OR LOSS**  
**FORM XX ,See Rule- 78 (1) (a) (ii)**

**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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Apr, 2022

SNo.	Name of Employee	Father/Husband 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	First Instalments	Last Instalments	Remarks
No deduction for damages & loss in the current month												





**REGISTER OF FINES  
FORM XXI, See Rule-78 (1) (a) (ii)**

**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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Apr, 2022

SNo.	Name of Workman	Father/Husband Name	Nature of employment/Designation	Act/Omission for which fine imposed	Date of Offence	Name of person in whose presence employees explanation was heard	Wage period and wage payable	Amount of fine imposed	Date on which fine realised	Remarks
No any fine imposed in this month										





**REGISTER OF ADVANCES**  
**FORM XXII, See Rule-78 (1) (a) (iii)**

**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 H-9, MCIE, BADARPUR

**Name & Address of Establishment In/ under which contract is carried on :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**Name and Address of Principal employer :** PRIONE BUSINESS SERVICES PRIVATE LIMITED H-9, MCIE, BADARPUR

**For the month of :** Apr, 2022

SNo.	Name of Employee	Father/Husband Name	Nature of employment/Designation	Wage Period and wages Payable	Date and amount of advance given	Purpose(s) for Which advance mace	No of Instalments by which advance to be repaid	Date and amount of each instalment was paid	Date on which last instalment was repaid	Remarks
No Advance paid to any employees in the current month										



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

	Name of Establishment			PRIONE BUSINESS SERVICES PRIVATE LIMITED, H-9, MCIE, BADARPUR	
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				

