



**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 :

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

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)	16606.00
5	Wage period	Monthly
6	Tenure of Employment	28-12-2018
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 Unit # 304,3rd Floor, Corporate One Bani Jjasola

**Name & Address of Establishment In/ under which contract is carried on :** Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Bani Jjasola

**Name and Address of Prinicpal employer :** Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Bani Jjasola

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

Sl 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	31	Present Days
1	717202	JAGNARAYAN PATHAK	AMBIKA PATHAK	MALE	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	26





**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 Principal employer :** Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Baani Jjasola

**For the month of :** Aug, 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	GPAL	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	717202	JAGNARAYAN PATHAK	GUARD	26	16506	16506	0	100	0	2000	3809	0	22415	1800	168	0	22	0	0	1990	20425	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 Principal employer:**  
Cushman & Wakefield PMSI Pvt Ltd  
**FOR THE MONTH OF**  
Aug, 2022

Sl.No	Name of workman	Father/Husband Name	Sex	Designation/nature 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 employees in the current month Aug, 2022											





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

**Month:**Aug, 2022

**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	639.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	22415.00
6.	Deductions, if any	1990.00
7.	Net amount of wages paid	20425.00

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 Principal employer:**  
Cushman & Wakefield PMSI Pvt Ltd  
**FOR THE MONTH OF**  
Aug, 2022

Sl.No	Name of workman	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	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 Aug, 2022												





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 Principal employer:**  
Cushman & Wakefield PMSI Pvt Ltd  
**FOR THE MONTH OF**  
Aug, 2022

Sl.No	Name of workman	Father/Husband Name	Designation/nature 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 & loss in the current month Aug, 2022											





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 Principal employer:**

Cushman & Wakefield PMSI Pvt Ltd

**FOR THE MONTH OF**

Aug, 2022

Sl.No	Name	Father/Husband Name	Name of employment/Designation	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 current month Aug, 2022										





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

	Name of Establishment			Cushman & Wakefield PMSI Pvt Ltd, Unit # 304,3rd Floor, Corporate One Baani Jjasola	
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 : Aug, 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				

