



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

For the month of : Feb, 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	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	24	





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 : Feb, 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	717202	JAGNARAYAN PATHAK	GUARD	24	0	16064	0	100	0	0	3236	0	19400	1800	145	0	22	0	0	1945	17455	006501525835	ICICI 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: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:Feb, 2022

Name of Workman: JAGNARAYAN PATHAK

Father Name: AMBIKA PATHAK

Designation: GUARD

1.	No. of Days Worked	24
2.	No. of units worked in case of piece-rate workers	NIL
3.	Rate of daily wages/piece-rate	0.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	19400.00
6.	Deductions, if any	1945.00
7.	Net amount of wages paid	17455.00

Initials of the Contractor or his Representative



<p align="center">Form A (See Rule 3) Muster Roll (Maternity Benefit Act 1961)</p>					
	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 : Feb, 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				

