



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	VINDHYACHAL PRASAD CHAUHAN
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)	0.00
5	Wage period	Monthly
6	Tenure of Employment	06-12-2000
7	Remarks	

Signature of the Contractor





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(see Rule 76)
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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)	0.00
5	Wage period	Monthly
6	Tenure of Employment	14-06-2010
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 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 : Feb, 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	Present Days
1	22028	VINDHYACHAL PRASAD CHAUHAN	Sh Brijmohan Prasad Chauhan	MALE	A	P	A	A	A	A	A	A	A	A	A	A	P	A	A	A	A	A	A	A	A	A	P	A	A	A	A	A	3
2	378779	MUKESH KUMAR SAINI	SH CHHOTU RAM SAINI	MALE	P	A	W	P	P	P	P	P	P	W	P	P	A	P	P	P	W	P	P	P	P	P	A	W	P	P	P	P	21





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 : 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	GPAL	Other Ded	Total Ded	Net Amount Paid	Account No	Bank Name	Signature
1	22028	VINDHYACHAL PRASAD CHAUHAN	HEAD GUARD	23	0	15542	0	96	0	0	6839	0	22477	1800	168	0	22	0	0	1990	20487	'3159222024	CENTRAL BANK OF INDIA	Bank Transfer
2	378779	MUKESH KUMAR SAINI	GUARD	23	0	15446	0	96	0	0	0	0	15542	1800	116	0	22	0	0	1938	13604	'0168ZM3017001	INDUSIND 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:
InstaKart Services Private Limited
Plot No.19, Chatterpur Extension A-1 BLOCK,
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Feb, 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 Feb, 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: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:Feb, 2022

Name of Workman: VINDHYACHAL PRASAD CHAUHAN

Father Name: Sh Brijmohan Prasad Chauhan

Designation: HEAD GUARD

1.	No. of Days Worked	23
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	22477.00
6.	Deductions, if any	1990.00
7.	Net amount of wages paid	20487.00

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:Feb, 2022

Name of Workman: MUKESH KUMAR SAINI

Father Name: SH CHHOTU RAM SAINI

Designation: GUARD

1.	No. of Days Worked	23
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	15542.00
6.	Deductions, if any	1938.00
7.	Net amount of wages paid	13604.00

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:**

InstaKart Services Private Limited
Plot No.19, Chatterpur Extension A-1 BLOCK,

Name and Address of Principal employer:

InstaKart Services Private Limited

FOR THE MONTH OF

Feb, 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 Feb, 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:
InstaKart Services Private Limited
Plot No.19, Chatterpur Extension A-1 BLOCK,
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Feb, 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 Feb, 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:
InstaKart Services Private Limited
Plot No.19, Chatterpur Extension A-1 BLOCK,
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Feb, 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 Feb, 2022										



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 : 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				

