



**MUSTER ROLL  
Rule 78(1)(a)(i)  
Form XVI**

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055

**Nature and Location of Work :** Security Services, Watch/Ward A12 H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**Name & Address of Establishment In/ under which contract is carried on :** InstaKart Services Private Limited A12 H.No. 93  
Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**Name and Address of Prinicpal employer :** InstaKart Services Private Limited A12 H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**For the month of :** Jun, 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	550933	VIJAY KUMAR SAH	PRADEEP SAH	MALE	P	A	P	P	P	W	P	P	A	P	P	P	W	P	CL	A	A	A	P	W	P	P	A	P	P	P	W	P	P	A	19
2	1564	SANJEEV KUMAR TYAGI	Sh Asharam Tyagi	MALE	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	P	P	P	P	W	P	P	A	P	P	P	W	P	P	23
3	908214	ANKUR SHARMA	NARESH KUMAR	MALE	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	P	P	5
4	379714	PRAMOD KUMAR	BHAGIRATH	MALE	A	P	P	P	W	A	A	A	P	P	P	W	A	A	A	P	P	P	W	A	CL	A	P	P	P	W	A	A	A	P	14
5	25980	ANIL KUMAR	Raghubir Singh	MALE	P	P	P	A	W	P	P	P	P	A	W	P	CL	P	P	P	P	W	P	P	P	P	A	W	CL	A	A	A	A	20	
6	27544	MANJEET	SINGH	MALE	A	A	A	A	A	A	A	A	A	A	A	CL	A	P	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	3





**REGISTER OF WAGES**  
**Form XVII**  
**Rule 78(1)(a)(i)**

**Name & Address of Contractor :** G4S SECURE SOLUTIONS (INDIA) PVT.LTD., 49, Rani Jhansi Road, Opp. Jhandewalan Mata Mandir, New Delhi-110055

**Nature and Location of Work :** Security, Watch/Ward A12 H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**Name & Address of Establishment In/ under which contract is carried on :** InstaKart Services Private Limited A12 H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**Name and Address of Principal employer :** InstaKart Services Private Limited A12 H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi

**For the month of :** Jun, 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	550933	VIJAY KUMAR SAH	GUARD	26	16506	16506	0	100	0	884	17	0	17507	1800	131	1	22	0	0	1954	15553	'21170100090656	BANK OF BARODA	Bank Transfer
2	1564	SANJEEV KUMAR TYAGI	SUPERVISOR	26	20110	20110	0	100	0	1092	794	0	22096	1800	165	1	22	0	3648	5636	16461	'503010272232	KOTAK MAHINDRA BANK	Bank Transfer
3	908214	ANKUR SHARMA	GUARD	22	16506	13967	0	85	0	85	1390	0	15526	1676	116	1	22	0	0	1815	13711	'38338914635	STATE BANK OF INDIA	Bank Transfer
4	379714	PRAMOD KUMAR	GUARD	25	16506	15871	0	96	0	884	17	0	16968	1800	126	1	22	0	0	1949	14920	'0264104000197830	IDBI BANK,DELHI	Bank Transfer
5	25980	ANIL KUMAR	HEAD GUARD	26	16606	16606	0	100	0	1038	673	0	18417	1800	138	1	22	0	0	1961	16456	'00900100006094	BANK OF BARODA	Bank Transfer
6	27544	MANJEET	HEAD GUARD	18	16566	11469	0	69	0	799	17	0	12354	1376	93	1	22	0	0	1492	10862	'503010139586	KOTAK MAHINDRA BANK	Bank Transfer











<p align="center"><b>Form A</b> <b>(See Rule 3)</b> <b>Muster Roll ( Maternity Benefit Act 1961)</b></p>					
	Name of Establishment			InstaKart Services Private Limited, A12H.No. 93 Landmark GTK Landmark GTK Road Sarai Pipal Thalla North West Delhi	
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 : Jun, 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				

