



**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 , Unit # 304,3rd Floor,,Corporate  
One Baani,JJasola,

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)	16892.00
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 Principial employer :** Cushman & Wakefield PMSI Pvt Ltd Unit # 304,3rd Floor, Corporate One Bani JJasola

**For the month of :** Nov, 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	Present Days
1	717202	JAGNARAYAN PATHAK	AMBIKA PATHAK	MALE	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	26	





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

Name & Address of Contributor: G.S. COLLEGE EDUCATION SOCIETY LTD., 27-B, E Block Community Center Naraina, New Delhi-110028

Name and Location of Work: Secretary, West/Novel Club # 204, 3rd Floor, Concorde One Bazaar Locality

Name & Address of Establishment for which contract is awarded: Contractor & Materialist PMS Pvt Ltd Over # 204, 3rd Floor, Concorde One Bazaar Locality  
Name & Address of Employer/contractor: Contractor & Materialist PMS Pvt Ltd Over # 204, 3rd Floor, Concorde One Bazaar Locality  
For the Month of: Nov, 2022

Sl. No.	Name of Employee	Designation	Date of Birth	Particulars/Description of Work	Basic Pay		DA	Gr	House Rent	Medical	PF	ESI	PT	OT	Misc	Total	Gross Pay	Deductions	Net Pay	Remarks	Bank Name	Branch	Signature	
					Basic Pay	DA																		





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**  
Nov, 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 Nov, 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 4th Floor, Pine Valley,,EGL Business park ,,Intermediate Ring Road,,

**Month:**Nov, 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	650.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	21475.00
6.	Deductions, if any	1983.00
7.	Net amount of wages paid	19492.00

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**  
Nov, 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 Nov, 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**

Nov, 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 Nov, 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**  
Nov, 2022

Sl.No	Name	Father/Husband Name	Name of employment/Desig nation	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 Nov, 2022										





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

