



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
B-65 GTK,Industrial Aria,110007,

Nature and Location of work:

Security & Services B-65 GTK,Industrial Aria,110007,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	PRAMOD KUMAR
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	04-05-2023
7	Remarks	

Signature of the Contractor





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(see Rule 76)
Employment Card

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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
B-65 GTK,Industrial Aria,110007,

Nature and Location of work:

Security & Services B-65 GTK,Industrial Aria,110007,

Name and address of Principal Employer :

InstaKart Services Private Limited

1	Name of the workman and address	SANDEEP KUMAR SHUKLA
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)	17334.00
5	Wage period	Monthly
6	Tenure of Employment	08-06-2023
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 B-65 GTK Industrial Aria 110007

Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007

Name and Address of Principal employer : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007

For the month of : Sep, 2023

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	947106	PRAMOD KUMAR	BHAGIRATH	MALE	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	A	P	P	P	W	P	P	P	P	P	P	W	A	P	22
2	953552	SANDEEP KUMAR SHUKLA	RAM DUTT SHUKLA	MALE	A	A	P	A	A	A	CL	A	A	P	A	A	A	A	A	A	P	A	A	A	A	A	A	A	A	A	A	A	P	A	5





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 B-65 GTK Industrial Aria 110007

Name & Address of Establishment In/ under which contract is carried on : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007

Name and Address of Principal employer : InstaKart Services Private Limited B-65 GTK Industrial Aria 110007

For the month of : Sep, 2023

SNo.	Emp Code	Employee Name	Designation	ESIC NO	UAN NO	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	947106	PRAMOD KUMAR	GUARD	1113890998	100276516829	26	17234.00	17234.00	0.00	100.00	0.00	0.00	663.00	0.00	17997.00	1800.00	135.00	0.00	22.00	0.00	0.00	1957.00	16040.00	'0264104000197 830	IDBI BANK,DELHI	Bank Transfer
2	953552	SANDEEP KUMAR SHUKLA	GUARD	1114349696	100046422291	24	17234.00	15908.00	0.00	92.00	0.00	0.00	1326.00	0.00	17326.00	1800.00	130.00	0.00	22.00	0.00	0.00	1952.00	15374.00	'100029541620	IndusInd Bank	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
B-65 GTK Industrial Aria 110007
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Sep, 2023

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 Sep, 2023											





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-E-02, Rajan Babu Road,Adarsh Nagar,,

Month:Sep, 2023

Name of Workman: PRAMOD KUMAR

Father Name: BHAGIRATH

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	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	17997.00
6.	Deductions, if any	1957.00
7.	Net amount of wages paid	16040.00

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-E-02, Rajan Babu Road,Adarsh Nagar,,

Month:Sep, 2023

Name of Workman: SANDEEP KUMAR SHUKLA

Father Name: RAM DUTT SHUKLA

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	667.00
4.	Amount of overtime wages	NIL
5.	Gross wages payable	17326.00
6.	Deductions, if any	1952.00
7.	Net amount of wages paid	15374.00

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
B-65 GTK Industrial Aria 110007
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Sep, 2023

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 Sep, 2023												





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
B-65 GTK Industrial Aria 110007
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Sep, 2023

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 Sep, 2023											





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
B-65 GTK Industrial Aria 110007
Name and Address of Principal employer:
InstaKart Services Private Limited
FOR THE MONTH OF
Sep, 2023

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 Sep, 2023										



<p align="center">Form A (See Rule 3) Muster Roll (Maternity Benefit Act 1961)</p>					
	Name of Establishment			InstaKart Services Private Limited, B-65 GTK Industrial Aria 110007	
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 : Sep, 2023					
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				

