

Form फार्म XIII
(See Rule 113(1)(b))

REGISTER OF WORKMAN EMPLOYED BY CONTRACTOR

क्रेडिटर का नाम व पता
Name and Address of Contractor
आवक का प्रकार व वर्गीकरण
Nature and Location of Work
स्थापन का नाम व पता जिसमें/जिसके तहत यह अनुबंध कार्य हो रहा है
Name and Address of Establishment in/under which Contract is carried on
मुख्य क्रेडिटर का नाम व पता
Name and Address of Principal Employer

Tajendra Singh & Sons
4/14, Hoshiyarpur, Noida
45 MIDC, Wazirpur Road
Delhi 110028

क्र.सं. Sl. No.	कर्मचारी का नाम व उपनाम Name and Surname of Workman	आयु व लिंग Age and Sex	पिता/माता/पति का नाम Father's/Mother's/Husband's Name	व्यक्ति का प्रकार/पद Nature of employment/Designation	कर्मचारी का स्थायी पता (गाँव और तहसील/जिल्ला व जिला) Permanent home address of Workman (Village and Tehsil/Taluk and District)
1.	Kaishan Lal	47	Mansaram	D/S/Plm B/L	45 MIDC Wazirpur Road
2.	Ramkishan	32	Suresh Chandra	Plent Opn	1
3.	Pranay Lal	33	Dal Singh	Plent Opn	1
4.	Mamraj Singh	28	Rajesh	Plent Opn	1
5.	Ram Singh	46	Ramesh	Plent Opn	1

ठेकेदार द्वारा नियुक्त कर्मचारियों का रजिस्टर

A Product from
Model No. Based State Contracting, Gurgaon, Haryana, India
Customer Care: Email: info@writeaway.com, Website: www.writeaway.com

स्थानीय पता Local Address	कार्य/विद्युत आरम्भ करने की तिथि Date of Commencement of Employment	कर्मचारी के हस्ताक्षर व मुद्रित चिह्न Signature or Thumb-impres-sion of Workman	कार्य/विद्युत समाप्ति की तिथि Date of Termination of Employment	समाप्ति के कारण Reasons for Termination	टिप्पणी Remarks
45 MIDC Wazirpur Road	11/11/18				
1	7/9/19				
1	13/6/22				
1	11/7/19				
1	14/5/24				



Name & Address of the Contractor
Telwan Singh & Brothers
Ans. Haryana Capital Market
45 Anand Vihar Road

FORM XVII
 (SEE RULE (78))
REGISTER OF WAGES

Name & Address of Establishment/Under _____
 In which contract is carried on _____
 Name and address of the principal Employer _____

WAGE PERIOD MONTHLY FOR THE MONTH OF _____



Serial No.	Name of Workman	Father's Name	Designation Nature of work	No. of days Worked					Daily rates of wages/piece Rate or wages	Total Salary Payable	HRS	Over time Amount	DEDUCTIONS						Total Deductions	Total Amount Paid	Signature or thumb impression of workman	Initial of contractor or his representative				
				Working days	Leave Etc.	Leave Cl.	Holidays	Total days					Advance	Total P.F.	ESI 1.75%	Rs.	P.	Rs.					P.	Rs.	P.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15												
1.	Krishan Lal	Manojan	Dishpani Dhu	24				623	16152								2059	14093								
2.	Pamraj Kumar	Suresh	Weld shop	24				816	19584								2499	17085								
3.	Manoj Chaman	Rajkumar	Weld shop	24				623	16152								2059	14093								
4.	Pramod Kumar	Devi Singh	Weld shop	24				623	16152								2059	14093								
5.	Purem Prasad	Ramesh Ram	Weld	24				816	19584								2499	17085								
												Total working Day =		20												
												Total wages =		87624												
												Total E.P.S. P.F. =		11172												
												Net Paid =		76452												





Name of The Factory
Employer's Code No

Telukong Seng Seng
Any Any Corp Noidup

Employee's Accident (Regulation Form

No.	Date of Notice	Time of Notice	Name & Address of the Injured person	Sex	Age	Insurance Number	Shift Department and occupation of the employee	INJURY		
								Cause	Nature	Date
①			Mill Accident to All Employees							
②			Mill Accident to All Employees							
③			Mill Accident to All Employees							
④			Mill Accident to All Employees							

State Insurance Book 66) 11

Time	Place	INJURY			Remarks if any
		What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of the person(s) giving notice	Signature & designation of the persons who makes the entry in Accident Book	
		in month of May-2011			
		in month of January			
		in month of July-2011			
		in month of Aug-2011			

Name & Address of the Contractor

Tatvan Eng & Equip Co

FORM

FORM XXII
[See Rule 78(1)(a)(iii)]

KALKAJSTATIONERS
C-11, Sahyog Building
1st Floor, Nehru Place, N.D.-19
Ph. 2644992, 2628984

Contract Labour (Reg. & Abo.) Central Rule, 1971

Register of

ADVANCE

Name and Address of Contractor Tatvan Eng & Equip Co
Amr, Hony Chakkar, Noida UP

Name & Address of estt. in/under which contract is carried on Prithi Ind Road

Nature and location of work

Name & Address of Principal Employer

Serial No.	Name of workman	Father's/Husband's name	Nature of employment/Designation	Wages period and wages payable
1				
2				
1	N/A		Advance to All Employ	
2	N/A		Advance to All Employ	
3	N/A		Advance to All Employ	

Date and amount of advance given	Purpose(s) for which advance made	No. of instalment by which advance to be repaid	No. of instalment of each instalment repaid	Date on which last instalment was repaid	Remarks
	on the money	04		June-2014	
	on the money	05		July-2014	
	on the money	06		Aug-2014	

REGISTER OF LEAVE

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FORM I (See Rule 14)
The Delhi Shops & Establishments Rules, 1954

KALKA STATIONERS
10-11, Subang Building,
29, Nehru Place, N.D.-19
Ph. 26441902, 26289627

Name of Establishment: Talwar Sanyal & Co. Pvt. Ltd. Date of Employment: _____
Name of Employee: Talwar Sanyal & Co. Pvt. Ltd.

Amount of Leave Requested	Date of Application if any	Casual or Sickness Leave		Date of Application	Whether Application Granted or Refused fully or partly	Privilege Leave		Total	Balance at the end of the year
		From	To			From	To		

① Nil Leave to All Employees for the month of January 2024



② Nil Leave to All Employees for the month of February 2024



③ Nil Leave to All Employees for the month of March 2024



④ Nil Leave to All Employees for the month of April 2024



REGISTER OF LEAVE

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FORM I (See Rule 14)

The Delhi Shops & Establishments Rules, 1954

KALKA STATIONERS
10-11, Subang Building,
29, Nehru Place, N.D.-19
Ph. 26441902, 26289627

Name of Establishment: _____ Date of Employment: _____
Name of Employee: Talwar Sanyal & Co. Pvt. Ltd.

Amount of Leave Requested	Date of Application if any	Casual or Sickness Leave		Date of Application	Whether Application Granted or Refused fully or partly	Privilege Leave		Total	Balance at the end of the year
		From	To			From	To		

① Nil Leave to All Employees for the month of May 2024



② Nil Leave to All Employees for the month of June 2024



③ Nil Leave to All Employees for the month of July 2024



④ Nil Leave to All Employees for the month of Aug 2024



Name & Address of the Contractor: Telkom Seng & Sons Co
A/S, Hong Kong

FORM XVII
 (SEE RULE 78)

Name & Address of Establishment/Under

FORM XXIII
 [See Rule 78(1)(a)(ii)]

KALKA STATISTIKERS
 11-12, Sakow Building
 58, Nelson Road, S.E. 14
 P. 2644982, 2619845

Contract Labour (Reg. & Abo.) Central Rule, 1971

Register of

OVERTIME

Name and Address of Contractor: Telkom Seng & Sons Co
A/S, Hong Kong

Name & Address of est. in/under which contract is carried on: Deputy Jail Board

Name & Address of Principal Employer

Nature and location of work

Serial No.	Name of workman	Father's/Husband's Name	Sex	Designation/Nature of Employment	Date on which overtime worked	Total overtime worked or production in case of piece-rated	Normal rates of wages	Overtime rate of wages	Overtime earning	Date of which overtime wages paid	Remarks
①	All over time to All Employees		Men	Pen	1st May 2014					May-2014	
②	All over time to All Employees		Men	Pen	1st June 2014					June-2014	
③	All over time to All Employees		Men	Pen	1st July 2014					July-2014	
④	All over time to All Employees		Men	Pen	1st Aug 2014					Aug-2014	