



Name of The Factory

Triveni Engg & Bus Co  
Aty Hong aker Noida UP

### Employee's Accident (Regulation) Form

Employer's Code No.

Sl. 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

Nil Accidents of All Employees

Nil Accidents of All Employees

Nil Accidents of All Employees

Nil Accidents of All Employees

Nil Accidents to All Employees



### State Insurance Book 66) 11

Time	Place	What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of the insured person or the thumb impression of the person(s) giving	Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any

On 5th month of Nov 2023



On 5th month of Dec-2023



On 1st month of Jan-2024



On 5th month of Feb-2024



On 1st month of March 2024



KALKASTATIONEN  
 6-11, Savyog Building  
 St. Nehru Place, N.D.-11  
 Ph. 2642902, 2628945

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

**Register of**

**ADVANCE**

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

Name and Address of Contractor: TRILAKH GUN & SONS ESTD

Name & Address of est. in/under which contract is carried on: Dthm 2m

AMU, Hansi, Chk, Noida UP

Name & Address of Principal Employer:

Nature and location of work

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
6	7	8	9	10	11

Serial No.	Name of workman	Father's/Husband's Name	Nature of employment/Designation	Wages period and wages payable
1	2	3	4	5
①	Nil	Advance to	All Carpenters	
②	Nil	Advance to	All Employees	
③	Nil	Advance to	All Employees	
④	Nil	Advance to	All Employees	

	On the month of			Dec 2023	
	On the month of			Jan 2024	
	On the month of			Feb 2024	
	On the month of			March 2024	



KALKA & CO.  
G7A, Seefing Bldg, 5th  
Mansarovar, New Delhi-11  
Ph. 36221817, 3611182005

### REGISTER OF

Name and Address of Contractor: Talwar Singh & Sons, P.O. Indraprastha  
Name and location of work: Construction of Airport

Sl. No.	Name of Workman	Father's/Husband's Name	Designation nature of Employment	Act/Omission for which fine imposed	Date of Offence
1	2	3	4	5	6
①	Nitu Bines	for	All	Employer	
②	Nitu Bines	for	All	Employer	

### FINES

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

Name & Address of establishment in under which contract is carried on  
Name and Address of Principal Employer: Dely, Jodhpur

Whether workman showed cause against fine	Name of Person in Whose presence employee's explanation was heard	Wages period and wages payable	Amount of fine imposed	Date on which fine realised	Remarks
7	8	9	10	11	12



# REGISTER OF LEAVE

30

FORM I (See Rule 14)

The Delhi Shops & Establishments Rules, 1954

Sold by: **KALKA STATIONERS**  
 C-11, Sahyog Building  
 58, Nehru Place, N.D.-19  
 Ph.: 26449902, 26289845

Name of Establishment:

Name of Employee:

Tajwan' Sanyal & Co. Pvt. Ltd.

Date of Employment:

Privilege Leave

Casual or Sickness Leave

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

① Will leave to All employees

for the month of Jan-2024



② Will leave to All employees

for the month of Feb-2024



③ Will leave to All employees

for the month of March-2024



FORM  
[See Rule  
MUSTER

XVI  
78 (2) (a)  
ROLL

Name & Address of contractor: *Totkari Gna P Budeel*  
*Aty Hong Condy Nepal 40*  
*43-MPP Ghaty Kalya DM*

Name & Address of establishment under which Contract on \_\_\_\_\_

Name & Address of Principal Employer: *APM 4524*

R.P.

Serial No.	Name of Workman	Father's/Husband's Name	Sex	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	Remarks		
1	Kishor Lal	Mangya Ram	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
2	Anil Kumar Ch	Ramesh Kumar	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
3	Ranjay Kumar	Suresh	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
4	Manas Chauhan	Rajkumar Chauhan	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
5	Singam Singh	Avilash	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
6	Bimal Kumar	Dev Singh	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														
7	Bhupal Singh	Ram Singh	m	P	P		P	P	P	P		P	P		P	P	P	P		P	P	P	P														





**KALKASTATIONERS**  
 G-11, Sabrog Building  
 88, Ashrafi Place, N.D-11  
 Ph: 26448902, 26289843

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

### Register of Deductions

Name and Address of Contractor Talkant Sanyal Bros Est

Atm Asny street Noida UP

Nature and location of work Yashod mangro Kalyan!

Serial No.	Name of workman	Father's/Husband's Name	Designation/Nature of Employment	Particulars of damage or loss	Date of Damage or loss
1	2	3	4	5	6

1 Nil Deduction in Damage or Loss



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

### for Damage or Loss

Name & Address of est. in/under which contract is carried on

Delyi Jee Dhan / Delyi!

Name & Address of Principal Employer	Whether workman showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount of deductions imposed	No. of instalments	Date of recovery		Remarks
					First instalment	Last instalment	
7	8	9	10	11	12	13	

7 In the matter of March 2021



**FORM XVII**  
[SEE RULE (7B)]  
**REGISTER OF WAGES**

(2) (a)]  
**WAGES**

Name & Address of Establishment/under \_\_\_\_\_

In which contract is carried on \_\_\_\_\_

Name and address of the principal Employer \_\_\_\_\_

Name & Address of the Contractor  
Tarun Singh & Co.  
444, Haryana Complex, Noida  
45 Mid Park Road, Noida  
Delhi - 201301

WAGE PERIOD MONTHLY FOR THE MONTH OF \_\_\_\_\_



Serial No.	Name of Workman	Father's Name	Designation Nature of work	No. of days Worked					Daily rate 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 EL	Leave CL	Holidays	Total days					Rs.	P.	Rs.					P.
1	Kaishorilal	Mangra Ram	Slipfitter Boy	24					673	16152						2059	14000			
2	Om Kumar Ch	Ramesh Kumar	machined	24					816	19584						2492	17092			
3	Ranjay Kumar	Suresh	Plant Operator	24					816	19584						2492	17092			
4	Mansu Chauhan	Raj Kumar Chauhan	LAB R/LER	24					673	16152						2059	14000			
5	Singam Singh	Anil Kish	Plant Helper	24					673	16152						2059	14000			
6	Barnal Kumar	Devi Singh	OFFICE Boy	24					673	16152						2059	14000			
7	Bhagat Singh	Ram Singh	OFFICE Boy	24					673	16152						2059	14000			
												Total weekly pay = 5168								
												Total wages = 114428								
												Total ESI 1.75% = 15291								
												NET PAID = 104637								





**Form फॉर्म XIII**  
(New Rule विवरण)

**REGISTER OF WORKMAN EMPLOYED BY CONTRACTOR**

**ठेकेदार द्वारा नियुक्त कर्मचारियों का रजिस्टर**

A Product from  
Mkt. By: Bharat Sales Corporation, Shaktour, Vasant Marg, Delhi-110  
Customer Care: E-mail: info@bscpl.com, Website: www.bharatsales.com

ठेकेदार का नाम व पता  
Name and Address of Contractor: **Tripathi Engg & Const. Co.**  
कर्मचारी का नाम व उपासना  
Name and Address of Workman: **Atul, Hary, Chhaya, Madhu & Co.**  
कर्मचारी का नाम व पता (जहाँ/जहाँ पर नियुक्ति में अंतर्भूत कर्मचारी का नाम)  
Name and Address of Establishment in which Contract is carried on: **US MIDC WTP, Konchli**  
मुख्य नियुक्तकर्ता का नाम व पता  
Name and Address of Principal Employer: **Delhi Jal Board, Delhi**

क्रमांक Sl. No.	कर्मचारी का नाम व उपासना Name and Surname of Workman	वयु व लिंग Age and Sex	पिता/माता/पति का नाम Father's/Mother's/Husband's Name	नियुक्ति का प्रकार Nature of employment/Designation	कर्मचारी का स्थायी पता (गाँव और तहसील/ग्रामपंचायत व जिला) Permanent home address of Workman (Village and Tehsil/Taluk and District)	स्थानीय पता Local Address	कार्य/सेवा आरंभ करने की तिथि Date of Commencement of Employment	कर्मचारी के हस्ताक्षर या मुद्रा-निमित्त Signature or Thumb-impression of Workman	कार्य/सेवा समाप्त की तिथि Date of Termination of Employment	समाप्ति के कारण Reasons for Termination	टिप्पणियाँ Remarks
1	Kaishorlal	27	Mange Ram	Dist. fact Boy	US MIDC WTP, Konchli	US MIDC WTP, Konchli	11/01/18				
2	Atul Kumar Ch.	36	Ramesh Kumar	medical	"	"	7/9/19				
3	Pankaj Kumar	32	Suresh	Pump Operator	"	"	"				
4	Singam Singh	25	Anil Kumar	Plant Helper	"	"	01/01/21				
5	Bharmal Kumar	33	Jeni Singh	OFFICE Boy	"	"	13/6/22				
6	Munoo Chaturvedi	28	Raj Kumar	Lab Helper	"	"	01/7/19				
7	Bhugal Singh	35	Ram Singh	OFFICE BOY	"	"	01/3/23				



WHITENAY