

Form फार्म XIII

REGISTER OF WORKMAN EMPLOYED BY CONTRACTOR

उत्केदार का नाम व पता
Name and Address of Contractor
कार्य का प्रकार व कार्यस्थल
Nature and Location of Work
स्थान का नाम व पता जिसमें/जिसके नियंत्रण में कार्य-कार्य हो रहा है
Name and Address of Establishment in/under which Contract is carried on
मुख्य नियोजक का नाम व पता
Name and Address of Principal Employer

क्रमांक 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	नियुक्ति का प्रकार/पद Nature of employment/Designation	कर्मचारी का स्थायी पता (ग्राम और तालुका/जिला) Permanent home address of Workman (Village and Taluk and District)
1	2	3	4	5	6
1	Krishan Pal	27	Manoj Kumar	o Htlc Raj	
2	Manoj Kumar	28	Raj Kumar	o Htlc Raj	
3	Hari Singh	27	Raj Kumar	o Htlc Raj	
4	Gopal Singh	42	Dhan Singh	o Htlc Raj	



उत्केदार द्वारा नियुक्त कर्मचारियों का रजिस्टर

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स्थायी पता Local Address	कर्मचारी नियुक्त होने की तिथि Date of Commencement of Employment	कर्मचारी के द्वारा कार्य में अंतर्ग्रहित होने की तिथि Date of Termination of Employment	कार्य समाप्त होने की तिथि Date of Termination of Employment	कार्य समाप्त होने की तिथि Date of Termination of Employment	टिप्पणी Remarks
7	8	9	10	11	12
43 Manoj Kumar	11/11/18				
7	7/9/19				
17	11/9/24				
7	22/25				

Name & Address of the Contractor Tituani Sanyal & Co. Pvt. Ltd.
45, Hazratganj, Lucknow
45, Hazratganj, Lucknow
Delhi, Jai Dharma, Delhi

FORM
 (SEE RULE (78))
REGISTER OF

XVII
 (2) (a)
WAGES

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

Name & Location of Work

WAGE PERIOD MONTHLY FOR THE MONTH OF Feb 2025

Name & Location of Work																						
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	Over time Amount	DEDUCTIONS						Total Deductions	Total Amount Paid	Signature of Workman or his representative	Initial of contractor or his representative	
				Working days	Leave Ent.	Leave Cl.	Holidays	Total days				Advance	Total P.F.	① ESI 1.75%								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15								
1	Krishan Lal	Mangram	16/4 Pk	25				767	7671						2249	15792						
2	Manoj Kumar	Rajkumar	16/4 Pk	25				767	7671						2249	15792						
3	Harish Kumar	Chasab Singh	16/4 Pk	25				847	10283						2472	16913						
4	Gopal Singh	Dhan Singh	16/4 Pk	20				847	16060						2150	14710						
															Total working Day = 83							
															Total Wages = 71531/-							
															Total E.S.I/P.F = 21207/-							
															Net Payable 50324/-							
																						





Name of The Factory

Employer's Code No.

Employee's Accident (Regulation Form

Sl. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance Number	Dept. Department and occupation of the employee	INJURY		
								Cause	Nature	Date
1			Will Accident to All Employees							
2			Will Accident to All Employees							
3			Will Accident to All Employees							

State Insurance Book

66)
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Time	Place	INJURY		Signature & designation of the person who makes the entry in Accident Book	Name, address and occupation of the person	Remarks
		What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of the insured person of the person giving notice			
1st	month	of	DEC-2024			
2nd	month	of	JAN-2025			
3rd	month	of	FEB-2025			

KALKA STATIONERS
G-11, Sakov Building
28, Nehru Place, N.D. 110
Ph: 2648992, 26289445

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

Register of

Name and Address of Contractor Talkari Engrs & S. B. & Co.
A-44, Haryana Nagar, Noida
Nature and location of work US MPV work / Govt / Delhi

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 Employees	Am	

ADVANCE

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

Name & Address of Principal Employer

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
1st month	of	February			

FORM XXII
[See Rule 78(i)(a)(ii)]

Register of Deductions

Name and Address of Contractor TRILUM Center for Business and
Any other complex nature of

Nature and location of work

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 Am	Damage or	Losses	
②	Nil	Deduction Am	Damage or	Losses	
③	Nil	Deduction Am	Damage or	Losses	
④	Nil	Deduction Am	Damage or	Losses	
⑤	Nil	Deduction Am	Damage or	Losses	
⑥	Nil	Deduction Am	Damage or	Losses	

for Damage or Loss

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

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
Penalty	month	of	Feb-2024			
Penalty	month	of	Oct-2024			
Penalty	month	of	Nov-2024			
Penalty	on 1st	month	of	DEC-2024		
Penalty	on	for	month	of	Jan-2025	
to	All employees	on	month	of	Feb-2025	

REGISTER OF

Name and Address of Contractor

Nature and location of work

Plum & Electric Works

At Haryana Comptroller of Accounts

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 Nil / Ains to All employees

FINES

Name & Address of establishment in under which contract is carried on

Name and Address of Principal Employer

Delhi Jal Board

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

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

One fine imposed 06 Feb 2019



REGISTER OF LEAVE

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FORM I (See Rule 14)

The Delhi Shops & Establishments Rules, 1954

KALKA STATIONERS
G-11, Sahyog Building
58, Nehru Place, N.D.-19
Ph.: 26440902, 26289845

Name of Establishment:

Name of Employee:

Date of Employment:

Casual or Sickness Leave

Privilege 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 Nil Leave to All Staff for the month of Oct-2024

② Nil Leave to All Staff for the month of Nov-24

③ Nil Leave to All Employees for the month of Dec-2024

④ Nil Leave to All Employees for the month of Jan-2025

⑤ Nil Leave to All Employees for the month of Feb-2025

Register of

Name and Address of Contractor Tajewari Singh & Associates Pvt. Ltd.
Ans. Haryana Govt. Noida U.P.

Nature and location of work

Serial No.	Name of workman	Father's/Husband's Name	Sex	Designation/Nature of Employment
1	2	3	4	5
①	N/A	overtime to All Employees	Ans	
②	N/A	overtime to All Employees	Ans	
③	N/A	overtime to All Employees	Ans	
④	N/A	overtime to All Employees	Ans	

OVERTIME

[See Rule 79(1)(a)(iii)]

Name & Address of est. in/under which contract is carried on Delhi' Govt. Bazar

Name & Address of Principal Employer

Date on which overtime worked	Total overtime worked or production in case of piece-rated	Normal rates of wages	Overtime rate of wages	Overtime earnings	Date of which overtime wages paid	Remarks
6	7	8	9	10	11	12
Ans	month of				Nov-2024	
Ans	month of				Dec-2024	
Ans	month of				Jan-2025	
Ans	month of				Feb-2025	