

Name & Address of the Contractor: Toiletry Shop & Dispensary
Aty. Hary Singh Rajput
45 Mohd. Nizam Road, Delhi
Delhi 110014

FORM
 (SEE RULE (78))
REGISTER OF

XVII
 (2) (a)
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 Jan-2025

Gurukul

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 EL	Leave OL	Holidays	Total days				Advance	Total P.F.	@ ESI 1.75%										
1		2	3	4	5					Rs	P			Rs	10	P	11	P	12	13	14	15			
1.	Krishan Pal	Mansaram	oiler	24						767	90709				2670		18063								
2.	Manoj Chaurasiya	Bansiram	Auto Vicer	24						767	20709				2670		18063								
3.	Puran Singh	Rajkumar	Cook	16						843	13408				1720		11768								
4.	Harish Kumar	Bhaskar	oiler	24						843	20261				2902		19859								
										Total wages due = 93															
										Total wages = 77667															
										Total S.I.P. = 9903															
										Net Pay = 67864															
																									





Name of The Factory

Employers 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	Shift, Department and occupation of the employee	INJURY		
								Cause	Nature	Date
12	11/11		Accident	to	All	Employees	Can			
2	11/11		Accident	to	All	Employees	Can			

State Insurance Book 66) 11

INJURY				Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any
Time	Place	What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature or the thumb impression of the person(s) giving notice			
1st	Month	at	DEC-2024			
2nd	Month	at	JAN-2025			

Register of

Name and Address of Contractor Talwar's Son & Sons Pvt. Ltd.
Atm. Hing. Chak. Nalanda Dist.

Nature and location of work

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	Nili	Advancer	to All	Emplay
2	Nili	Advancer	to All	Emplay
3	Nili	Advancer	to All	Emplay
4	Nili	Advancer	to All	Emplay
5	Nili	Advancer	to All	Emplay
6	Nili	Advancer	to All	Emplay
7	Nili	Advancer	to All	Emplay
8	Nili	Advancer	to All	Emplay

ADVANCE

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

Prüfung im Physik

Name & Address of Principal Employer

Date and amount of advance given 6	Purpose(s) for which advance made 7	No. of instalment by which advance to be repaid 8	No. of instalment of each instalment repaid 9	Date on which last instalment was repaid 10	Remarks 11
On 5th month of June-2024					
On the month of July-2024					
the month of Aug-2024					
the month of Sep-2024					
On 5th month of Oct-2024					
On 5th month of Nov-2024					
On 5th month of Dec-2024					
On 5th month of Jan-2025					

Register of Deductions

Name and Address of Contractor

for TAIKUMI Center of Discourse and
Amy Heng Cheng Natche of
USM and Wm. J. Kordli, DPhil.

Nature and location of work

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	Nili	Deduction Am	Damage or	Losses	
②	Nili	Deduction Am	Damage or	Losses	
③	Nili	Deduction Am	Damage or	Losses	
④	Nili	Deduction Am	Damage or	Losses	
⑤	Nili	Deduction Am	Damage or	Losses	

for Damage or Loss

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

Delhi Jd Board
Delhi

Name & Address of Principal Employer

Name & Address of Principal Employer		Date of recovery		Remarks
Whether workman showed cause against deduction 7	Name of person in whose presence employee's explanation was heard 8	Amount of deductions imposed 9	No. of instalments 10	
Gurkay	matan	ob	SEP-2024	
Gurkay	matan	ob	Oct-2024	
An An	matan	ob	Nov-2024	
Gurkay	An Gur	matan	DEC-2024	
Ali	Emphun	An	for matan	ob Jan 2027

REGISTER OF

Name and Address of Contractor

Nature and location of work

Toilerni Engrs & Builders Pvt
Arya Nagar, Gurgaon, Haryana
Gurgaon, Haryana

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	Nil	All	Employer	
2	Nil	Nil	All	Employer	
3	Nil	Nil	All	Employer	
4	Nil	Nil	All	Employer	
5	Nil	Nil	All	Employer	
6	Nil	Nil	All	Employer	

FINES

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

Name and Address of Principal Employer

Devi Jai Bani

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
For the month of				Aug-2014	
For the month of				Sept-2014	
For the month of				Oct-2014	
For the month of				Nov-2014	
For the month of				Dec-2014	
For the month of				Jan-2015	

REGISTER OF LEAVE

FORM I (See Rule 14)

The Delhi Shops & Establishments Rules, 1954

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

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Name of Establishment :

Date of Employment

Name of Employee

Talvin Capoor Reddy

Amount of Leave Requested	Date of Application if any	Casual or Sickness Leave		Total Leave Availed	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 Staff for the month of Oct-2014

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

③ Nil Leave to All Employees for the month of Dec-2014

④ Nil Leave to All Employees for the month of Jan-2015



नविका

Form XVI
(See Rule 110(1)(a)(ii))

MUSTER ROLL

Name and Address of Contractor

Taj Mahal Supply & Export Co.

Name and Location of Work

A44, Haryana, Noida, U.P.

Name and Address of Establishment in/under which Contract is carried on

Y.S. Mohd. Wazir, Kalyan

Name and Address of Principal Employer

Delhi, Jai Hind

Sl. No.	Name of Workman	Father's/Mother's/Husband's Name	Sex	1	2	3	4	5	6	7	8	9
1.	Krishan Lal	Manoj	M	P	P	P	P	P	P	P	P	P
2.	Manoj Chandra	Rajendra	M	P	P	P	P	P	P	P	P	P
3.	Gurpreet Singh	Rajendra	M	P	P	P	P	P	P	P	P	P
4.	Hemant Kumar	Shankar	M	P	P	P	P	P	P	P	P	P

मस्टर रोल

for the month of Jan 25

Sold by: AMIR BOOK DEPOT
40/3 New Saket, Delhi

दिनांक Dates																											विषय Remarks						
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
PP			PP	P	P	P	P	P		P	P	P	P	P			P	P	P	P													27/05
P	P			P	P	P	P	P	P		P	P	P	P	P			P	P	P	P												29/05
P	P			P	P	P	P	P	P		A	A	A	A	A			A	A	A	A												16/05
P	P			P	P	P	P	P	P		P	P	P	P	P			P	P	P	P												29/05



Register of

OVERTIME

Name & Address of estl. in/under which contract is carried on Delhi Int Bank

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 earning	Date of which overtime wages paid	Remarks
6	7	8	9	10	11	12

11/1	overtime to All Employees	an	man	at	Nov-2024	
11/1	overtime to All Employees	an	man	at	Dec-2024	
11/1	overtime to All Employees	an	man	at	Jan-2025	

Name and Address of Contractor Telcomi Sany of Delhi 261 441
At: Hony Constable 48

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	11/1	overtime to All Employees	an	
2	11/1	overtime to All Employees	an	
3	11/1	overtime to All Employees	an	