FORM XX

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

REGISTER OF DEDUCTIONS FOR DAMAGES OR SSO

Name & address of Contractor: Impressions Services (P) Ltd. WZ-8/7, Ist Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015

Name & address of establishment in/under which contract is carried on :JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED

Nature and location of work : HOUSE KEEPING DELHI

Name and Address of Principal Employer :IBM INDIA (P) LTD. INDIA RESEARCH LAB_VASANT KUNJ NEW DELHI

			SI. No.
	NO		Name of workmen
	DEDUCTIO	Name	Father's/ Husband's
	NS FOR D		Designation Particulars
	AMAGES	or loss	Particulars Date of of damage damage
	OR LOS		Date of damage or
	NO DEDUCTIONS FOR DAMAGES OR LOSS FOR THE MONTH	showed cause against deduction	Whether
	MONTH	whose presence employee' s explanatio	Name of person in
	OF OCT - 2020		Amount
	2020	v.	No. of
		installmen i t	Date of recovery
		installm ent	overy
			Remarks

FORM XXI

REGISTER OF FINES

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

Name & address of Contractor : Impressions Services (P) Ltd. WZ-8/7,Ist Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015

Name & address of establishment in/under which contract is carried on :JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED

Nature and location of work: HOUSE KEEPING DELHI

Name and Address of Principal Employer : IBM INDIA (P) LTD. INDIA RESEARCH LAB_VASANT KUNJ NEW DELHI

								<u>. 140</u>
		The second secon		Z	5			Name of workmen
				TINES				Farner's/ Husband's Name
				DURING				Designation
								Act/ Ommission for which fine imposed
								Date of Offence
				MONTH				Whether Employee showed cause against fine
				Ť			heard(in case of	'n
				OCT - 2020				Rate of Wages
				and a section of				Amount of fine imposed
								Date on which fine realized
7,000				1				Remarks

FORM XXII

REGISTER OF ADVANCES

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

Name & address of Contractor: Impressions Services (P) Ltd. WZ-8/7, Ist Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015

Nature and location of work: HOUSE KEEPING DELHI Name & address of establishment in/under which contract is carried on : JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED

Name and Address of Principal Employer : IBM INDIA (P) LTD. INDIA RESEARCH LAB_VASANT KUNJ NEW DELHI

	SI. No.
N	Name of workmen
NO ADVANCE DURING THE MONTH OF OC	Father's/ Husband's Name
CE DURIN	Nature of Employment
G THE M	a wage period of advance
ONTH OI	Earnings during Date and amount Purpose which ad a wage period of advance mad
	(s) for lvance le
- 2020	No of installments by which advance to be repair
	Amount of Installment repaid with date of postponeme nt granted
	Date on which total amount paid
	No of Amount of Date on Signature or installments Installment which total thumb impression by which repaid with amount of the worker advance to date of paid be repair postponeme nt granted

FORM XXIII

REGISTER OF OVERTIME

[See Rule 77(1)(a)(ii)]

Name & address of Contractor :Impressions Services (P) Ltd. WZ-8/7,Ist Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015

Name & address of establishment in/under which contract is carried on : JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED Nature and location of work : HOUSE KEEPING DELHI

									S.No.	Name
				The same of the sa					Name of workmen	Name and Address of Principal Employer : IBM INDIA (P) LTD. INDIA RESEARCH LAB_VASANT KUNJ NEW DELI
						NO	Addition to the state of the st		Father's/ Husband's Name	ipal Employer : 1
						0V		,	Sex	BM IND
						NO OVERTIME FOR THE MONTH OF O			Designatio Date on n and which O.T. Departmen work was t put on)IA (P) LTD. J
						E FOR				INDIA RESEA
						THE			Wages on O.T. on each occasion	\RCH LAB_V
						TNON			Total O.T. worked or production in case of piece- rated	ASANT KUN
						i of (Normal Hour	J NEW DE
									Normal rate	H
						CT - 2020			O.T. rate	
					10.70	38 38 3			Normal earning	
						7	ES 5 //		O.T. earning	
			À					·	Total earning	
									Date on which overtime O.T. payment made	

[Regulation - 66]

ACCIDENT BOOK

(Employee's State Insurance Corporation)

kactly the injury	Name, Occupation, the address & sign. of the person impression of the person giving notice Name, Occupation, address & address & injury notice Name, Occupation, designation of the person occupation who makes of two impression of the entry notice Name, Occupation, designation address & address & witnesses injury notice			the injured person No Departmen Date Time Place Cause of Nature of t & Cause of nof the Employee	Time Name & Address of Sex Age Insurance Shift,	Nature and location of work: HOUSE KEEPING DELHI.	Name & address of establishment in/under which contract is carried on : JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED	Name & address of Contractor :Impressions Services (P) Ltd. WZ-8/7,Ist Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015
	Signature & designation of the person who makes the entry	OC1 - 2020	1 1 1	What exactly was the injured person doing at the time of injury			RIVATE LIMITED	0015