| REGISTER OF ADVANCE
| See Rule 77(1)(a)(ii)] | ALST WATER OF ADVANCE
| See Rule 77(1)(a)(ii)] | ALST WATER OF ADVANCE
| Name & address of Contractor: Impressive set of Contractor: Impr

Name & address of establishment in/under which contract is carried On:M/S Cushman & Wakfield Property Management Services India Pvt. Ltd. Nature and location of work: HOUSE KEEPING, delhi

Name and Address of Principal Employer : Bmr Legal Cp Delhi

Signature or thumb impression of the worker							Ä
Date on which total amount paid			<u> </u>	News Control			1. J
Amount of Installment repaid with date of postponemen t granted			)Z=\0\d		104		in and a second
No of installments by which advance to be repair			the   Month of Nov-2017				
Purpose (s) for which advance made							
Date and amount of advance							
Earnings during Date and a wage period amount o advance			₽_				
Nature of Employment			OJ =\				
Father's/ Husband's Name			yvanc				
Name of workmen			NO Advance fo			***************************************	
S. N.							

**FORM XX** 

REGISTER OF DEDUCTIONS FOR DAMAGES

WASH FED WITH IN SOFT WITH WASHES WITH A STATE OF DEDUCTIONS FOR DAMAGES

OR LOSS Name & address of Contractor: Impressions Services (ド) 化td. WZ-8/7,1st Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015 [See Rule 78(1)(a)(ii)]

Name & address of establishment in/under which contract is carried on: M/S Cushman & Wakfield property Management Services India pvt.Ltd.

Name and Address of Principal Employer: Bmr Legal Cp Delhi Nature and location of work: House keeping, Delhi

Remarks		
Last installm ent		
Date of recovery First Last installmen installm t ent		
No. of installment s		
Amount deduction imposed		
Name of person in whose presence employee' s		
Whether workmen showed cause against deduction	10881	
Date of damage or loss	<u>es or</u>	
Designation Particulars of damage or loss		
Father's/ Husband's Name		
Name of workmen	MO-DEGUIG	
SI. No.		

FORM XXI

## REGISTER OF FINE

IMPRESSIONS SPRVICES (PLTD [See Rule 77(1)(a)(ii)] WZST (PRINDESSIONS) REUSTRALAREA Name & address of Contractor: Impressions(Sprojess(Philt. 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: M/S Cushman & Wakfield Property Management Services India Pvt. Ltd

Nature and location of work: HOUSE KEEPING, Delhi

-			***************************************		 <del></del>	 ***************************************		·····				*******	 r
	Remarks					-							
	Date on which fine realized		********			469	(2/2)	(0) (C)	松下三		11/2	11.00	
	Amount of fine imposed					120	10	1/2/	187	151 C	<b>V</b>		
	Rate of Wages				WHITE	AON]							
	Name of person in whose presence employee's explanation was heard(in case of contractors)					Month Of Nov-2(							
	Whether Employee showed cause against fine												
	Date of Offence	***************************************											
	Act/ Ommissi on for which fine imposed					Ě							
	Designation												
Employer Din Eg	Father's/ Husband's Name												
Name and Address of Finished Employer Dim Edga of Da	Name of workmen												
Name and	Ġ.												

## **FORM XXIII**

# SECULIAR SECULIAR OF OVERTIME

Name & address of establishment in/under which contract is carried On: m/S Cushman & Wakfield Property management Services India Pvt. Ltd. Nature and location of work: HOUSE KEEPING, Delhi

Name and Address of Principal Employer: Bmr Legal Cp Delhi

Signature or thumb impression of the worker							
Date on which total amount paid			 260			过美	
Amount of Installment repaid with date of postponemen t granted			 	10	139/	188	
No of installments by which advance to be repair			<u> 2 FOZ-AON JO UTUOM SUT</u>	,			
Purpose (s) for which advance made			) पारुण				
Date and amount of advance							
Earnings during Date and a wage period amount of advance							
Nature of Employment	-		9J <b>S</b> U				
Father's/ Husband's Name			/ertin				
Name of workmen			NO OVertime for				
SI. No.							

				Remarks if	any	-			
•				Name,	address & occupation of two witnesses				
				Signature &	designation of the person who makes the entry				
				Name,	Occupation, address & sign. or the thump impression of the person giving notice		70		
					What exactly was the injured person doing at the time of injury		25.		
	1	dia Pvt. Ltd.			Nature of injury				
<b>_</b>	00111100	ru Nagar Industrial Area, New Delini-110010 kefield Property Management Services India		INJURY	Cause of injury				
B00	orporation)	y Manageme		I	Place				
ENT BOOK	Insurance Corporation)	n Nagar Indu: efield Propert			e E				
ACCID	e's State	Rotni, Kiri lan & Wak	,		Date				
AC	八三元多S ONS SFRVICES (产) <b>(唐祀)oyee's State</b>  WZ-87 (FR) KRTI MAGAR INDUSTRALAREA	Floor, Phili M/s Cushr		Shift,	Departmen t & Occupatio n of the Employee		[30]		
٠	DES (P)	#red on :		Insurance	ç				
	SERV.	टार्म्सन्ति। ract is ca	p Delhi	Age			1		
	SPONS	rvices/1	, Delhi Legal C	Sex			<u> </u>		
,	(4) 18-7M	Name & address of Contractor :Impressions Servi <b>ces (P)-LAC-IWFF</b> / 7.1st Floor, Phili Roth, Rift Ragar Industrial Area, New Delin-110015 Name & address of establishment in/under which contract is carried on : M/s Cushman & Wakefield Property Management Services India Pvt. Ltd.	Nature and location of work: HOUSE KEEPING, Delhi Name and Address of Principal Employer: Bmr Legal Cp Delhi	Name & Address of	the injured person		4 GG		
	6]	Contrac	of Princ	Time	Notice				
FORM -11	[Regulation - 66]	dress of	f location Address	Date of	Notice				
For	[Regul	Name & ad Name & ad	Nature and	SI. No.					

LTip