

Form XXIV

(See Rule 82-)

Return to be sent by the contractor to the licensing officer

Half year ending: 31 Dec 2014

- 1 **Name and address of Contractor** *Impressions Services (P) Ltd..
WZ-8/7 (FF) KIRTI NAGAR, INDUSTRIAL
AREA. New Delhi - 110 015*
- 2 **Name and address of Establishment** *E-City Property Management & Services Private
Limited, Cross River Mall Karkardooma Court
Sahadra Delhi-110032*
- 3 **Name and address of Principal Employer** *E-City Property Management & Services Private
Limited, Cross River Mall Karkardooma Court
Sahadra Delhi-110032*
- 4 **Duration of Contract** *From 01.07.2014
To 31.12.2014*
- 5 **No. of days during the half year on which:** *152 Days*
- (a) The establishment of the principal employer had worked *152 Days*
- (b) The contractor establishment had worked *152 Days*
- 6 **Maximum number of of contract labour employed on any day during the half year**
- | | |
|----------|----|
| Men | 51 |
| Women | 4 |
| Children | 0 |
| Total | 55 |
- 7 (i) **Daily hours of work and spread over** *8 hrs.*
- (ii) (a) Whether weekly holiday observed *Yes*
- (b) If so whether it was paid for *Yes*
- (iii) **Number of man-hours of overtime worked** *Nil*
- 8 **Number of mandays worked by**
- | Man | Woman | Children | Total |
|----------|--------|----------|----------|
| 7,752.00 | 608.00 | Nil | 8,360.00 |
- 9 **Amount of wages paid**
- | Man | Woman | Children | Total |
|------------|-----------|----------|--------------|
| 2629458.00 | 206232.00 | Nil | 2,835,690.00 |
- 10 **Amount of deduction from wages, if any**
- 11 **Whether the following have been provided** *Canteen - Yes, Rest Rooms - Yes
Drinking Water - Yes, Creches - Yes
First Aid - Yes*

For Impressions Services (P) Ltd.



Authorized Signatory

Please:-Delhi

Date: -15.01.2015

(Signature & Designation)