

FORM IV
[See Rule 21 (1)]
Application for Licence

1. Name and address of the contractor
(including his father's name in case of individuals). : **Sh.G.K.Bhartiya (Managing Director)**
GHIBELLINES SECURITY SOLUTIONS LTD
A-29 Industrial Area, Site-IV, Sahibabad
201010. GHAZIABAD, U.P
2. Date of birth and age
(in case of individuals). : 15/03/1978 38yrs.
3. Particulars of Establishment where Contract Labour is to be employed-
- (a) Name and address of the Establishment : M/S St. Stephen's Hospital
Tis Hazari, Delhi-110054
- (b) Type of business, trade, industry, manufacture or occupation, which is carried on in the Establishment ; : Hospital
- (c) Number and date of Certification Registration of the Establishment under the Act : : CLA/PE/1367/99/LC dated 6.12.1999
- (d) Name and address of the Principal Employer : : St. Stephen's Hospital
Tis Hazari, Delhi-110054
4. Particulars of Contract Labour-
- (a) Nature of work in which Contract Labour is employed or is to be employed in the Establishment ; : Security Services
- (b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending) : : 01 Nov.2016 to 31 oct,2017
- (c) Name and address of the Agent or Manager of Contractor at the work-site ; : Promander kumar
H.No-441/8 East Vinod Nagar
Delhi Mob No. 9810915332
- (d) Maximum number of Contract Labour proposed to be employed on the Establishment on any date; : : 60 Nos.
5. Whether the contractor was convicted of any offence within the preceding five years. If so, give details. : : NO
6. Whether there was any order against the contractor revoking or suspending licence

- or forfeiting security deposits in respect of an earlier contract. If so, the date of such order. : No
7. Whether the contractor has worked in any other establishment within the past five years. If so, give details of the Principal Employer, Establishment, and nature of work. : Max Healthcare Institute Ltd Pitampura New Delhi.
: Max Healthcare Institute Shalimar bagh New Delhi.
8. Whether a certificate by the Principal Employer, in Form V is enclosed. : YES
9. Amount of licence fee, name of the bank demand draft No. and date. : SBI
10. Amount of security deposit, name of the bank, demand draft No. and date. :

Note:- The application shall be accompanied by demand draft and the challan for the appropriate amount and a certificate in Form V from the principal employer dated of the receipt of the application with 'demand draft' and the challan for fees/security deposit.

Declaration. - I hereby declare that the details given above are correct to the best of my knowledge and belief.

For Ghibellines Security Solutions Ltd.

Signature of the Applicant (Contractor)

Place ... SBD

Date ... 15.11.2016

(G. K. Shartiy)

Managing Director

Note.-The application should be accompanied by a Treasury Receipt for the appropriate amount and a certificate in Form V from the Principal Employer.

(To be filled in the office of the Licensing Officer)

Date of receipt of the application with challan for fees/Security Deposit

Signature of the Licensing Officer.