

**Form XXIV**  
**(See rule 82(1))**

**Return to be sent by the contractor to the Licensing Officer**

**Half year ending December.2014.**

- 1 Name and address of the contractor : **Ghibellines Security Solutions Ltd.  
A-29, Site-IV, Industrial Area,  
Sahibabad, Ghaziabad,U.P.**
- 2 Name and address of establishment : **Max Healthcare Pvt. Ltd.  
Netaji Subhash Palace, Pitampura,  
New Delhi.**
- 3 Name and address of the principal Employer : **Max Healthcare Pvt. Ltd.  
Max House No.1  
Dr. Jha Marg Phase-III  
New Delhi-110020.**
- 4 Duration of contract from : **08/10/2013 TO 07/10/2014.**
- 5 No. of days during the half year on Which-----
- (a) The establishment of the principal Employer had work : **184 Days**
- (b) The contractor's establishment Had worked. : **184 Days**
- 6 Maximum number of contract labour Employed on any day during the half Year :
- | <b>Men</b> | <b>Women</b> | <b>Children</b> | <b>Total</b> |
|------------|--------------|-----------------|--------------|
| <b>22</b>  | <b>04</b>    | <b>Nil</b>      | <b>=26</b>   |
7. (I) Daily hours of work and spread over: **8 Hrs.**
- (II) (a) Whether weekly holiday Observed and on what day : **Yes**
- (b) If so, whether it was paid for : **Staged weekly off on 7<sup>th</sup> days.**
- (III) No. of man hours of over time Worked :
- 7 Number of Man days worked by :
- | <b>Men</b>  | <b>Women</b> | <b>Children</b> | <b>Total</b>  |
|-------------|--------------|-----------------|---------------|
| <b>3543</b> | <b>569</b>   | <b>Nil</b>      | <b>= 4112</b> |
- 8 Amount of wages paid :
- | <b>Men</b>     | <b>Women</b>  | <b>Children</b> | <b>Total</b>    |
|----------------|---------------|-----------------|-----------------|
| <b>1193874</b> | <b>186747</b> | <b>Nil</b>      | <b>=1380621</b> |

9	Amount of deductions from wages :	<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Total</u>
	If any :- (PF)	143265	22410	Nil	=165674
	(ESI)	20893	3268	Nil	=24161

Total: : **164158 25678 Nil =189836**

10 Wheter the following have been provided-

- (f) Canteen : Provided by Principal Employer
- (g) Rest Rooms : ..... Do .....
- (h) Drinking water : ..... Do .....
- (i) Craches : ..... Do .....
- (j) First Aid : ..... Do .....

(If the answer is "Yes" state briefly standards provided)

Place :- DELHI

For Ghibelines Security Solutions Ltd.

Date :- 12-1-2015

(Authorized Signatory)

