

Form XXIV
(See rule 82(1))

Return to be sent by the contractor to the Licensing Officer

Half year ending June.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 : **181 Days**
 - (b) The contractor's establishment Had worked. : **181 Days**
6. Maximum number of contract labour Employed on any day during the half Year :

Men	Women	Children	Total
23	03	Nil	=26
7. (I) Daily hours of work and spread over : **8 Hrs.**
(II) (a) Whether weekly holiday Observed and on what day : **Yes**
(c) If so, whether it was paid for : **Staged weekly off on 7th days.**
(III) No. of man hours of over time Worked :
8. Number of Man days worked by :

<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Total</u>
3161	458	Nil	= 3619
9. Amount of wages paid :

<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Total</u>
1036158	145644	Nil	=1181802

10. Amount of deductions from wages	:	Men	Women	Children	Total
If any :-	(P)	124339	17477	Nil	=142472
	(ESI)	18133	2549	Nil	=20682

Total: : **142472 20026 Nil =162498**

11. Whether the following have been provided-

- | | | |
|--------------------|---|--------------------------------|
| (a) Canteen | : | Provided by Principal Employer |
| (b) Rest Rooms | : | Do |
| (c) Drinking water | : | Do |
| (d) Craches | : | Do |
| (e) First Aid | : | Do |

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

Place :- **New Delhi**

For **Ghibellines Security Solutions Ltd.**

Date :- **6-7-2014**

(Authorized Signatory)

