

FORM XXIV

[See Rule 82(1)]

Return to be sent by the Contractor to the Licensing Officer

Half-Year-Ending... 01-07-2012 to 31-12-2012

1. Name and address of the Contractor .. Ghibellines Security Solutions Pvt. Ltd.
A-29, Site IV, Industrial Estate of Sahibabad,
Ghaziabad, U.P. 201010
2. Name and address of the establishment .. MAX HealthCare Institute Pvt. Ltd.
A-2, 3804, Netaji Subhash Place
Pitampura, Wazirpur, Delhi
3. Name and address of the Principal employer .. Max Health care Institute Pvt. Ltd.
Max House, 1 Dr. Jha Marg
Okhla New Delhi - 110020
4. Duration of Contract: Fromto.....
180 days
5. No. of days during half year on which-
(a) the establishment of the Principal employer had worked
(b) the contractor's establishment had worked..
180 days
6. Maximum number of contract labour employed on any day during the half year:
Men Women Children Total
47 3 - 50
7. (i) Daily hours of work and spread over-
(ii) (a) whether weekly holiday observed and on what day-
(b) If so, whether it was paid for-
(iii) No. of man-hours of overtime worked
2 hrs
7th day of Every Week
nil
8. Number of man-days worked by-
Men Women Children Total
7332 936 - 8268
9. Amount of wages paid-
Men Women Children Total
1872162/- 122466/- - 2006628/-
10. Amount of deduction from wages, if any-
Men Women Children Total
ES 132867/- 2249/- - 35116/-
PF 225380/- 1546/- - 240796/-
Total 250247 17665/- - 275912/-
11. Whether the following have been provided-
(i) Canteen } Provided by Principal Employer
(ii) Rest-Room }
(iii) Drinking water }
(iv) Creches }
(v) First-Aid }

(If the answer is 'yes' state briefly standards provided)

Place Sahibabad

Date 2-1-2013

Signature of Contractor