

Form XXIV
(See rule 82(1))

Return to be sent by the contractor to the Licensing Officer

Half year ending Dec.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.
FC-50,C &D Block
Shalimar Bagh, New Delhi.**
- 3 Name and address of the principal Employer : **Max Healthcare Pvt. Ltd.
FC-50, C & D Block
Shalimar Bagh, New Delhi.**
- 4 Duration of contract from : **01/04/2014 TO 31/03/2015.**
- 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 :
- | Men | Women | Children | Total |
|-----|-------|----------|-------|
| 39 | 08 | Nil | =47 |
- 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 7th days.**
- (III) No. of man hours of over time Worked :
- 8 Number of Man days worked by :
- | Men | Women | Children | Total |
|------|--------|----------|----------|
| 6704 | 1410.5 | Nil | = 8114.5 |
- 9 Amount of wages paid :
- | Men | Women | Children | Total |
|---------|--------|----------|----------|
| 2150856 | 452479 | Nil | =2603334 |

SP I.E.SAHIBABAD <201010>
EU148356672IN
Counter No:1,DP-Code:001



To:LINCENSING,
DELHI, PIN:110001

From:CHIBILLINES, SEO
Wt:20grams,

Amt:17.00, 15/01/2015, 11:26

Taxes:Rs.2.00<Track on www.indiapost.gov.i

10	Amount of deductions from wages :	Men	Women	Children	Total
	If any :-				
	(PF)	258103	54297	Nil	=312400
	(ESI)	37640	7918	Nil	=45558

Total: : **295743 62215 Nil =357958**

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 :- **Delhi**

For Ghibellines Security Solutions Ltd.

Date :- **12-1-2015**


(Authorized Signatory)