NAME AND ADDRESS OF CONTRACTOR

Marvy Outsourcing Pvt.Ltd.

203 Vardhman Indraprastha Plaza LSC II , IP Ext. Delhi-110092

Form XXIII

NAME AND ADDRESS OF ESTABLISHMENT IN/UNDER WHICH CONTRACT IS CARRIED ON

See Rule 78 (1) (a) (iil) Register of Overtime

LG Electronics India Pvt. Ltd. Dwarka

LGC-5 First Floor , Plot No-B/12, Pocket-03 Sector 17 Dwarka, Delhi-110075

SL.NO.	NAME OF WORKMAN	FATHER/HUSBAND'S NAME	SEX	DESIGNATION/N ATURE OF EMPLOYMENT	DATE ON WHICH OVERTIME	TOTAL OVERTIME WORKED OR PRODUCTION IN CASE OF PIECE RATE	NORMAL RATES OF WAGES	OVERTIME RATE OF WAGES	OVERTIME RATE OF EARNINGS	DATE ON WHICH OVERTIME WAGES PAID	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12
No overtime paid for the month of Jan-2023											

No overtime paid for the month of Feb-2023



Form XXII

[See Rule 78 (1) (a) (ii)]

Register of Advance

Employer- Marvy Outsourcing Pvt.Ltd. C/o LG Electronics India Pvt. Ltd. Dwarka

			NAME OF			PURPOSE (S) FOR	NO.OF INSTAINATION	DATE AND AMOUNT	DATE ON WHICH LAST	
SL.NO.	NAME	FATHER'S/HUSBAND'S	EMPLOYMENT/DESIGN		DATE AND AMOUNT	WHICH ADVANCE	OF WHICH ADVANCE	OF EACH INSTALMENT	INSTALMENT WAS	REMARKS
JL.IVO.	INAIVIL	IVAIVIL	ATION	WAGEFATABLE	OF ADVANCE GIVEN	WAKE	TO BE KEFAID	KEFAID	REFAID	REWIARRS
1	2	3	4	5	6	7	8	9	10	11

NO ADVANCE FOR THE MONTH OF Jan-2023

NO ADVANCE FOR THE MONTH OF Feb-2023



Form XX

See Rule 78 (1) (a) (ii)

Register of Deduction for Damage or Loss

Employer- Marvy Outsourcing Pvt.Ltd. C/o LG Electronics India Pvt. Ltd. Dwarka

										DATE ON RECO		
SL.NO.	NAME OF WORKMAN			OF DAMAGE	DAMAGE OR LOSS	WHETHER WORKMAN SHOWED CAUSE AGAINST DEDUCTION	PERSON IN	AMOUNT OF DEDUCTION IMPOSED	NO.OF INSTALMENTS		LAST INSTALMENT	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13

No Deduction for Damage of Loss FOR THE MONTH OF Jan-2023

No Deduction for Damage of Loss FOR THE MONTH OF Feb-2023



Form XXI

See Rule 78 (1) (a) (ii)

Register of Fines

Employer- Marvy Outsourcing Pvt.Ltd. C/o LG Electronics India Pvt. Ltd. Dwarka

								NAME OF PERSON				
								IN WHOSE				
							WHETHER	PRECENCE				
				DESIGNATION/NAT	ACT/OMISSION		WORKMAN	EMPLOYEES				
		NAME OF	FATHER/HUSBAND	URE OF	FOR WHICH FINE		SHOWED CAUSE	EXPLANATION WAS	WAGE PERIOD AND	AMOUNT OF FINE	DATE ON WHICH	
SL	.NO.	WORKMAN	NAME	EMPLOYMENT	IMPOSED	DATE OF OFFENCE	AGAINST FINE	HEARD	WAGES PAYABLE	IMPOSED	FINE REALISED	REMARKS
	1	2	3	4	5	6	7	8	9	10	11	12

NO FINE FOR THE MONTH OF Jan-2023 NO FINE FOR THE MONTH OF Feb-2023

