Contract Labour (Reg. & Abo.)Central Rule,1971										
REGISTER OF ADVANCE							[See Rule 78(1)(a)(ii)			
Name and address of contractor			M/S SIMRAN ENTERPRISES SCO-10,2ND FLOOR SECTOR-10A DISTT- GURUGRAM (HR) 122001	**Name and address of estt. in/under which contract is carried on**			M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI PLACE OF SUPPY:DELHI-110001			
Nature and location of work			loading/ unloading/secondary packaging	**Name &address of principal Employer**			M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI			
S.NO	**NAME**	**FATHER,S NAME /HUSBAND 'S NAME**	**Nature of employment / Designation**	**Wage s perio d and wage**	**Date & amou nt of advan**	**Purpo se(s) for which advan**	**No. of install ment by wchic**	**No of Install ment of each**	**Date on which last Install**	**Rema rks**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

	NO ADVANCE GIVEN TO ANY EMPLOYEE FOR THE MONTH OF MAY 2023								

REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

Name and address of contractor	M/S SIMRAN ENTERPRISES SCO-10,2ND FLOOR	**Name and address of estt. in/under which contract is carried on**	M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI PLACE OF SUPPY:DELHI-110001
Nature and location of work	loading/ unloading/secondary	**Name &address of principal Employer**	M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI PLACE OF SUPPY:DELHI-110001

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	NO DEDUCTION MADE FROM ANY EMPLOYEE FOR THE DAMAGE OR LOSS DURING THE MONTH OF MAY 2023												

REGISTER OF FINES

Name and address of contractor			M/S SIMRAN ENTERPRISES SCO-	**Name and address of estt. in/under which contract is carried on**			**M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI PLACE OF SUPPY:DELHI-110001**					
Nature and location of work			loading/ unloading/second	**Name &address of principal Employer**			M/S MOVIN EXPRESS PRIVATE LIMITED,M/S MOVIN EXPRESS PRIVATE LIMITED,NEW DELHI PLACE					
S.NO	**NAM E OF WOR KME N**	**FATH ER,S NAME /HUS BAND 'S NAME**	**SEX**	**Design ation/ nature of Employ ment**	**Nature &Dat e of the Offence for which Fine Impose d**	**Wheth er worker Showe d cause against Fine or not if So Enter**	**Name of Perso n in whos e Perse nce Empl oyee,**	**Rat e of Wa ges**	**Date**	**Am oun t**	**Date on whic h Fine Real ised**	**Rem arks**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	NO FINE IMPOSE ANY EMPLOYEE DURING THE MONTH OF MAY-2023											