

FORM**A**

[See Rule 16 (1) of the Child labour

(Prohibition and Regulation Rules, 1988)]

Name and Address of Employer

STELLAR DYNAMICS PVT. LTD.
C-48, 3RD FLOOR, INDUSTRIAL AREA, PHASE-1,
NARAINA, NEW DELHI-110028

Place of Work

MAX HOSPITAL I.P. EXTENSION PATPARGANJ DLEHI-110092

Nature of working being Done by the Establishment

Year 2017

GDA, SDA, MT, SUP, DEO AND DIS.

Sl No.	Name of Child	Father's name	Date of Birth	Permanent Address	Date of Joining the Establishment	Name of the Work on Which Employed	Daily Hours of Work	Intervals of Rest	Wages Paid	Remarks
1	2	3	4	5	6	7	8	9	10	11
NO CHILD LABOUR WORKING IN MAX HOSPITAL, I.P. EXTENSION, PATPARGANJ, NEW DELHI-110092 DURING THE MONTH OF AUG-2017										

For STELLAR DYNAMICS PVT. LTD.

Auth. Signatory

Form 27
(Prescribed under Rule 104)

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCE

Name of Company

STELLAR DYNAMICS PVT. LTD.,

Address

GDA, SDA, MT, SUP, DEO AND DIS. AT MAX PATPARGANI, NEW DELHI

Name of Injured Person (If any)	Date of Accident or Dangerous Occurrence	Date of Report (in Form No.18) to Inspector	Nature of Accident or Dangerous Occurrence	Date of Return of Injured Person to Work	No. of Days Injured Person was Absent from Work
1	2	3	4	5	6
THERE IS NO ACCIDENT AND DANGEROUS OCCURRENCE MONTH OF AUG-2017					

For STELLAR DYNAMICS PVT. LTD.


Signature

FORM-XXII

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

REGISTER OF ADVANCES

Name and address of Contractor
STELLAR DYNAMICS PVT. LTD.
C-48, 3RD FLOOR, INDUSTRIAL AREA, PHASE-1,
INARAINA, NEW DELHI-110028

Name and Address of Establishment in / under
 which contract is carried on
MAX HOSPITAL I.P. EXTENSION PATPARGANJ DLEHI-
110092

Name and Location of work
GDA, SDA, MT, SUP, DEO AND DIS. AT MAX
PATPARGANJ, NEW DELHI

Name and Address of Principal Employer
BALAJI DIAGNOSTIC & RESEARCH CENTER, A-108, IP
EXTENSION, NEW DELHI-110092

Sl.	Name workman	Father's/ Husband name	Nature of employment Designation	Earnings during a wage period	Date & amount of advance given	Purpose(s) for which advance made	No. of instalme nts by which advance to be paid	Date & amount of each instalme nt re-paid	Date on which last instalme nt was paid	Remarks
1	2	3	4	5	6	7	8	9	10	11

NO ADVANCE HAS BEEN GIVEN DURING THE MONTH OF AUG-2017

For STELLAR DYNAMICS PVT. LTD.


 Auth. Signatory

REGISTER OF DEDUCTIONS FOR DAMAGES OR LOSS

FORM-XX

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

Register of Deductions for Damage or Loss

Name and address of Contractor

STELLAR DYNAMICS PVT. LTD.
C-48, 3RD FLOOR, INDUSTRIAL AREA, PHASE-1,
NARAINA, NEW DELHI-110028

Name and Address of Establishment in / under
which contract is carried on
MAX HOSPITAL I.P. EXTENSION PATPARGANJ DEHI-
110092

Name and Location of work

GDA, SDA, MT, SUP, DEO AND DIS. AT MAX
PATPARGANJ, NEW DELHI

Name and Address of Principal Employer
BALAJI DIAGNOSTIC & RESEARCH CENTER, A-108, IP
EXTENSION, NEW DELHI-110092

Sl. No.	Name of workman	Father's / Husband's (on Nature of name Employment)	Particulars of damage or loss	Date of Damage or loss	Whether workman showed cause against deduction	Name of person in whose presence employee's deduction is explained if was third party	Amount of deduction imposed	No. of instalments	First instalment \$	Last instalment \$	Remarks	
1	2	3	4	5	6	7	8	9	10	11	12	13

NO DEDUCTION HAS BEEN MADE DURING THE MONTH OF AUG-2017

For STELLAR DYNAMICS PVT. LTD.


 Authorizatory

REGISTER OF FINES

FORM XXI

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

Register of Fines

(Under Payment of wages rules 1937)

(Under minimum wages act)

Name and address of Contractor

STELLAR DYNAMICS PVT. LTD.

C-48, 3RD FLOOR, INDUSTRIAL AREA, PHASE-1,

NARAINA, NEW DELHI-110028

Name and Location of work

GDA, SDA, MT, SUP, DEO AND DIS. AT MAX

PATPARGANJ, NEW DELHI

Name and Address of Establishment in / under
which contract is carried on
MAX HOSPITAL I.P. EXTENSION PATPARGANJ DIEHI-
110092

Name and Address of Principal Employer
BALAJI DIAGNOSTIC & RESEARCH CENTER, A-108, IP
EXTENSION, NEW DELHI-110092

Sl.	Name workman	Father's/ Husband name	Designati on / nature for fine imposed	Act/ Omission for which imposed	Date of offence	Whether workman showed cause against fine	Name of person in whose presence employee's explanatio n was heard	Wage periods and wages payable	Amount of fine imposed	Date on which fine realised	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

NO FINE HAS BEEN IMPOSED DURING THE MONTH OF AUG-2017

For STELLAR DYNAMICS PVT. LTD.



Auth. Signatory

FORM XXIII(See Rule 78(1) (a) (iii))
Register of Overtime**REGISTER OF OVERTIME**Name and address of Contractor
STELLAR DYNAMICS PVT. LTD.
C-48, 3RD FLOOR, INDUSTRIAL AREA, PHASE-1,
NARAINA, NEW DELHI-110028Name and Address of Establishment in / under
which contract is carried on
MAX HOSPITAL I.P. EXTENSION PATPARGANJ
DLEHI-110092Name and Location of work
GDA, SDA, MT, SUP, DEO AND DIS. AT IMAX
PATPARGANJ, NEW DELHIName and Address of Principal Employer
BALAJI DIAGNOSTIC & RESEARCH CENTER, A-108,
IP EXTENSION, NEW DELHI-110092

Sr. No.	Name of workman	Father's / Husband s name	Sex	Designati on nature of employe nt	Date on which overtime worked	Total overtime worked or production in case of piece-rated	Normal rates of wages	Overtime rate of wages	Overtimes rate of earnings	Date on which overtime wages paid	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

NO OVERTIME HAS BEEN PAID DURING THE MONTH OF AUG-2017

For STELLAR DYNAMICS PVT. LTD.

Auth: Signatory