

FORM XXIII

REGISTER OF OVERTIME

[Rule 78(2)(e)]

Name and address of contractor : SOLUTIONS FACILITY SERVICES 4/36, SHIVSAGAR CHS LTD.SHIVSAGAR CHS , RDP II, SECTOR NO.1, CHARKOP, KANDIVALI (WEST),MUMBAI – 400 067	Nature and location of work : MANPOWER SUPPLY/ DELHI (MAYAPURI)	Name and address of Establishment in/under which contract is carried on : Hippostores Technology Pvt. Ltd. LPLOT NO- 97, BLOCK-C, PHASE II, MAYAPURI INDUSTRIAL AREA, WEST DELHI, DELHI, 110064	Name and address of the principal employer : Hippostores Technology Pvt. Ltd. LPLOT NO- 97, BLOCK-C, PHASE II, MAYAPURI INDUSTRIAL AREA, WEST DELHI, DELHI, 110064
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Month : 01 FEB- 29 FEB Year : 2024

Sl. No.	Name of workman	Father's/Husband's	Sex	Designation/nature of employment	Date on which overtime worked	Total overtime worked or production in case of piece- rated	Normal rates workman	Overtime rate of wages	Overtime earnings	Date on which overtime wages paid	Remarks

NO OVERTIME HAS BEEN PAID DURING THE MONTH OF 01 FEB 24 TO 29 FEB 24

