

**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 JAN- 31 JAN      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 JAN 24 TO 31 JAN 24**

