

Form XXIX Register of Deductions for Damage or Loss												
Name and address of the establishment where building or other construction work is carried on						Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020						
Name and Permanent Address of the Establishment						Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020						
Nature of Building or Other Construction Work						Interior Fit Out Work						
Name and Address of Employer:						M/s ARCHEE GROUP CONTRACTS PVT LTD 2nd Floor, Wing B, Plot No 18, Sector 32, Gurgaon 122201, Haryana.						
Sl. No.	Name of workman	Father's/husband's name	Designation/Nature of employment	Particulars of damage or loss	Date of Damage or loss	whether building worker showed cause against deduction	Name of person in whose presence building worker's explanation was heard	Amount of deduction imposed	No. of instalments	Date of recovery		Remarks
										First instalment	Last Instalment	
1	2	3	4	5	6	7	8	9	10	11	12	12
No deduction for damages & loss in the month Sept'2023												



Form XXX

Register of Fine

<p>Name and address of the establishment where building or other construction work is carried on</p> <p>Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020</p>											
<p>Name and Permanent Address of the Establishment</p> <p>Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020</p>											
<p>Nature of Building or Other Construction Work</p> <p>Interior Fit Out Work</p>											
<p>Name and Address of Employer:</p> <p>M/s ARCHEE GROUP CONTRACTS PVT LTD 2nd Floor, Wing B, Plot No 18, Sector 32, Gurgaon 122201, Haryana.</p>											
Sl. No.	Name of the building worker	Father's/husband's name	Designation/Nature of employment	Act/Omission for which fine imposed	Date of offence	whether building worker showed cause against Fine	Name of person in whose presence building worker's explanation was heard	Wage periods and wages payable	Amount of fine imposed	Date on which fine realized	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
<p>No fine has been imposed on any employees during the month of Sept'2023</p>											
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Form XXXI Register of Advances											
Name and address of the establishment where building or other construction work is carried on						Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020					
Name and Permanent Address of the Establishment						Orient Electric Ltd, 3rd, 4th & 5th Floor, AIPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020					
Nature of Building or Other Construction Work						Interior Fit Out Work					
Name and Address of Employer:						M/s ARCHEE GROUP CONTRACTS PVT LTD 2nd Floor, Wing B, Plot No 18, Sector 32, Gurgaon 122201, Haryana.					
Sl. No.	Name of the building worker	Father's/husband's name	Designation/Nature of employment	Wage period and wages payable	Date and amount of advance given	Purpose (s) for which advance given	No. of installments by which advance to be repaid	Amount of deduction imposed	Date and amount of each installment repaid	Date on which last installment was repaid	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
No Advance paid to any employees in the month of Sept'2023											



Form XXXII

Register of Overtime

Name and address of the establishment where building or other construction work is carried on						Orient Electric Ltd, 3rd, 4th & 5th Floor, A IPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020					
Name and Permanent Address of the Establishment						Orient Electric Ltd, 3rd, 4th & 5th Floor, A IPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020					
Nature of Building or Other Construction Work						Interior Fit Out Work					
Name and Address of Employer:						M/s ARCHEE GROUP CONTRACTS PVT LTD 2nd Floor, Wing B, Plot No 18, Sector 32, Gurgaon 122201, Haryana.					
Sl. No.	Name of the building worker	Father's/husband's name	Sex	Designation/Nature of employment	Dates on which overtime worked	Total overtime worked or production in case of piece-rated Purpose (s) for which advance given	Normal rates of wages	Overtime rate of wages	Overtime earnings	Date on which overtime wages paid	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
No Over Time Done by any employees in the month of Sept'2023											



FORM XLVI [(see rule 276 (7)] REPORT OF ACCIDENTS AND DANGEROUS OCCURRENCES		
Name and Permanent Address of the Establishment	Orient Electric Ltd, 3rd, 4th & 5th Floor, A IPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020	
Name and address of the establishment where building or other construction work is carried on	Orient Electric Ltd, 3rd, 4th & 5th Floor, A IPL Legacy, 42, Okhla Industrial State, Phase- III, New Delhi- 110020	
Nature of Building or Other Construction Work	INTERIOR FITOUT WORK	
4. Particulars of Employer (a) Main Contractor firm/Co. Name Address Phone Nos. Nature of Business (b) Sub-contractor's particulars; Name Address Phone Nos Nature of business	M/s ARCHEE GROUP CONTRACTS PVT LTD.2nd Floor, Wing B, Plot No 18, Sector 32, Gurgaon 122201, Haryana	
5. Particulars of injured person (a) Name (First) (Middle) (Surname) (b) Home Address (c) Occupation (d) Status of the worker; Casual Permanent (e) Sex: Male Female (f) Age (g) Experience (h) Marital status: Married/Unmarried/Divorced		
6. Particulars of Accident (a) Exact place where accident occurred (b) Date (c) Time (d) What the injured person was doing at the time of accident? (e) Weather condition. (f) How long employed by you for this particular job? (g) Particulars of equipment/machine/tool involved and condition of the same after the accident occurred. (h) Brief description of the accident		
7. Nature of Injuries (a) Fatal (b) Non-fatal (c) If non-fatal state precisely the nature of injuries.(Describe in detail the nature of injury, for instance fracture of right arm, sprain etc.) (d) First Aid: Given: Not given: (e) If not, given the reasons (f) Name and designation of the person by whom first aid was given (g) If admitted to hospital, Name of the hospital: Address of the hospital Phone No. Name of the Doctor		
8. Mode of transport used Ambulance Truck Tempo Taxi Private Car		
9. (a) How much time was taken to shift the injured person? If very late, state the reasons (b) How the reporting was made? Telephone Telegram Special Messenger Letter (c) Who visited the accident site first and what action was proposed by him? (d) What are the actions taken for the investigation of the accident by the employer? (Describe about photographs/video film/measurements taken etc.)		
10. Particulars of the persons given witness. (a) Name Address Occupation (b) Whether Temporary Permanent		
12. Dangerous Occurrences as covered under the Regulation No. (Give details) (a) Collapse or failure of lifting appliance, hoist, conveyors etc. (b) Collapse or subsidence of soil, any wall, floor gallery etc. (c) Collapse of transmission towers, pipeline, bridges etc. (d) explosion of receiver, vessel etc. (e) fire and explosion (f) Spillage or leakage of hazardous substances. (g) collapse, capsizing, toppling or collisions of transport equipment. (h) leakage or release of harmful toxic gases at the construction site. (i) failure of lifting appliance, loose gear, hoist or building and other construction work machinery, transport equipment etc.		
13. Certificate from the Employer or authorized signatory.		
I certify that to the best of my knowledge and belief, the above particulars are correct in every respect		

No Accident reported in the Month of Sept'2023

