

**Form XIX**

**Register of Overtime**

Name and Address of Contractor **INNOVISION LIMITED.**  
 1/209, FIRST FLOOR, SADAR BAZAR, DELHI CANTT  
 Delhi

Name and Address of Principal Employer  
**M/s Escorts Health Institute and Reserch Centre LTD**  
**Okhla Road, New Delhi-110025**

Name and Address of Establishment in/under which contract is carried on  
**M/s Escorts Health Institute and Reserch Centre LTD**

Nature and Location of work :- **Security Services**

Serial No	Name of Workman	Father's Husband's Name	Sex	Designation and Department	Date on which overtime work was put in	Wages of Overtime each occasion	Total overtime worked or production in case of piece rates	Normal Hours	Normal Rates	Overtime rates	Normal Earnings	Overtime earnings	Total earnings	Date on which overtime payment made
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

