

Form XXIII

(See rule 78(2)(e))

Register of Overtime

Name and Address of Contractor **INNOVISION LIMITED**
 Room No -201, 1st Floor, Cb 202 A, Ring Road
 Naraina, New Delhi-110028

Name and Address of Establishment in **M/s Escorts Health Institute and Reserch Centre LTD**
 /under which contract is carried on Okhla Road, New Delhi-110025

Nature and Location of work :- **Security Guards, Jasola**

Name and Address of Principal Employer **M/s Escorts Health Institute and Reserch Centre LTD**

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

NO OVER TIME DURING THE MONTH OF MARCH-2021**NO OVER TIME DURING THE MONTH OF APRIL-2021****NO OVER TIME DURING THE MONTH OF MAY-2021****NO OVER TIME DURING THE MONTH OF JUNE-2021****NO OVER TIME DURING THE MONTH OF JULY-2021****NO OVER TIME DURING THE MONTH OF AUGUST-2021****NO OVER TIME DURING THE MONTH OF SEPTEMBER-2021****NO OVER TIME DURING THE MONTH OF OCTOBER-2021****NO OVER TIME DURING THE MONTH OF NOVEMBER-2021****Innovision Limited**

Authorised Signatory