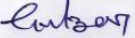


REGISTER OF OVERTIME

FORM XXIII, See Rule 78 (1) (a) (iii)

For Watermelon HR Services Pvt. Ltd.


Authorised Signatory

Name & Address of Contractor:- M/s Watermelon HR Services Pvt. Ltd. 117, Basement, New Rajdhani Enclave, Preet Vihar, Delhi-92

Nature and Location of Work:- Logistic Services , Delivery Services , - Pan India.

Mundka - Fresh_New Delhi India

Name & Address of Establishment In/ under which contract is carried on :-Hiveloop Technology Private Limited 20/1, 1090G, 18th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102

Name and Address of Principal Employer:- Hiveloop Technology Private Limited 20/1, 1090G, 18th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102

For the month of Feb 2020

Sl.No	Em Code	Offer ID	Location Name	State	Name Of the Employee	Father's/Husband's Name	Sex	Dasignation / nature of employment	Dates on which overtime worked	Total overtime worked or production in case of piece--rates	Normal rate 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
1	U45595	U45595	Mundka - Fresh	New Delhi	Neeraj Machal		MALE	Executive	Feb-20	.0	21800	210	0	07.03.2020	-

REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

FORM XX ,See Rule 78 (1) (a) (ii)

For Watermelon HR Services Pvt. Ltd.

(Signature)
Authorised Signatory

Name & Address of Contractor:- M/s Watermelon HR Services Pvt. Ltd. 117, Basement, New Rajdhani Enclave, Preet Vihar, Delhi-92

Nature and Location of Work:- Logistic Services , Deliver; **Mundka - Fresh_New Delhi India**

Name & Address of Establishment In/ under which contract is carried on :-Hiveloop Technology Private Limited 20/1, 1090G, 18th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102

Name and Address of Principal Employer:- Hiveloop Technology Private Limited 20/1, 1090G, 18th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102

Sl .No	Name Of Employee	Father's/ Husband's Name	Nature of Employment/ Designation	Particulars of Damages or Loss	Date of Damage or Loss	Whether workman showed cause against	Name of person in whose presence	Amount of deduction imposed	Date of Recovery			Remarks
									No. of Instalments	First Instalments	Last Instalments	
1	2	3	4	5	6	7	8	9	10	11	12	

NO DEDUCTION FOR DAMAGE OR LOSS AGAINST ANY EMPLOYEES DURING THE MONTH OF Feb 2020

15a **FORM 11**
ACCIDENT BOOK

EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 66)

Name and Address of the Establishment : Watermelon HR Services Pvt. Ltd. 117, Basement, New Rajdhani Enclave, Preet Vihar, Delhi-92

Establishment Sub Code:- 10001181970001099

Sl. No.	Date of Notice	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the employee	Details of Injury					What exactly was the injured person doing at the time of accident	Name, occupation, address and signature or the thumb impression of the person(s) giving notice	Signature and designation of the person who makes the entry in the Accident Book	Name, address and occupation of two witnesses	Remarks, if any
								Cause	Nature	Date	Time	Place					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
NO ACCIDENT OF ANY EMPLOYEES FOR THE MONTH OF Feb 2020																	

For Watermelon HR Services Pvt. Ltd.

Authorised Signatory