





**REGISTER OF OVERTIME**

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

For Watermelon HR Services Pvt. Ltd.

  
Authorised Signatory

Name &amp; 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.

**sonipat\_Haryana India**

Name &amp; 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	U20557	HT39191	Sonipat	New Delhi	Anuj		MALE	Business Development Executive	Feb-20	.0	21300	205	0	07.03.2020	-



**REGISTER OF FINES**  
FORM XXI, See Rule 78 (1) (a) (ii)

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 Indi sonipat\_Haryana India  
 Name & Address of Establishment In/ under which contract is carried on :-Hiveloop Technology Private Limited 20/1, 1090G, I8th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102  
 Name and Address of Principal Employer:- Hiveloop Technology Private Limited 20/1, 1090G, I8th Cross, 14th Main, Sector - 3, HSR Layout, Bangalore, Karnataka 560102

Sl.No	Name of workman	Father's/ Husband's Name	Designation / nature of employment	Act/Omission for which fine imposed	Date of Offence	Name of person in whose presence employee's	Wage period and wage payable	Amount of fine imposed	Date on which fine realised	Remarks
1	2	3	4	5	6	7	8	9	10	11
	<b>NO FINE HAS BEEN IMPOSED AGAINST ANY EMPLOYEES DURING THE MONTH OF Feb 2020</b>									

For Watermelon HR Services Pvt. Ltd.  
  
 Authorised Signatory

**REGISTER OF ADVANCES**

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

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; sonipat\_Haryana 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 the Employee	Father's/ Husband's Name	Nature of Employment/	Wage Peroid and wages	Date and amount of advance given	Purpose(s) for Which advance	No of Instalments by which advance to be	Date and amount of each instalment was	Date on which last instalment was	Remarks
1	2	3	4	5	6	7	8		9	10
	<b>NO ADVANCE HAS BEEN PAID TO ANY EMPLOYEES FOR THE MONTH OF Feb 2020</b>									

For Watermelon HR Services Pvt. Ltd.

*Antony*  
Authorised Signatory

**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
<b>NO ACCIDENT OF ANY EMPLOYEES FOR THE MONTH OF Feb 2020</b>																	

For Watermelon HR Services Pvt. Ltd.  
*[Signature]*  
Authorised Signatory