

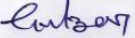




**REGISTER OF OVERTIME**

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. **Udyog Nagar WH 2020\_New Delhi 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	U42858	HL55224	yog Nagar WH 20	New Delhi	Parveen		MALE	MHE Operator	Feb-20	.0	19499	187	0	07.03.2020	-
2	U42860	HL55227	yog Nagar WH 20	New Delhi	Amit		MALE	MHE Operator	Feb-20	.0	19499	187	0	07.03.2020	-







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

For Watermelon HR Services Pvt. Ltd.  
  
Authorised Signatory