

FORM XXIII

[See Rule 78 (2) (e)]
Register of Overtime

Name and address of contractor **M/s Netambit Valuefirst services Pvt Ltd., 90/31B, First Floor, Malviya Nagar, New Delhi-110017**
 Name and address of establishment in/under which contract is carried on **M/s Phonepe Private Limited, H.B Twin Tower, 8th Floor, Max Hospital Building, Netaji Subhash Place, Pitam Pura, Delhi-110034**
 Name and address of Principal Employer **M/s Phonepe Private Limited, H.B Twin Tower, 8th Floor, Max Hospital Building, Netaji Subhash Place, Pitam Pura, Delhi-110034**
 Nature and location of work **Manpower Services - Delhi**
 For the month of **Oct-2023**

| SI No | Name of Workman | Father's/Husband's Name | Sex | Designation/Nature of employment | Date on which overtime worked | Total Overtime worked or prodn in case of price rated | Normal rate of wages | Overtime rate of wages | Overtime earning | Date on Overtime wages paid | Remarks |
|-------|-----------------|--|-----|----------------------------------|-------------------------------|---|----------------------|------------------------|------------------|-----------------------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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| | | No Overtime Done by any worker or employee during the month of Oct-2023 | | | | | | | | | |
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