

Form No. XXIV

Return to be sent by the contractor
to the licensing Officer

[See Rule 82(1)]

Half-year ending 01/07/2017 to 31/12/2017

1. Name and Address of the Contractor NEHA AVIATION MANAGEMENT PRIVATE LIMITED
RZA-83, ROAD NO.4
STREET NO.6,MAHIPALPUR EXTN.
NEW DELHI 110037
2. Name and Address of the Establishment NEHA AVIATION MANAGEMENT PRIVATE LIMITED
3. Name and Address of the Principal Employer M/s Sky Gourmet Catering (P) Ltd
IGI Airport Complex, Intl Airport Approach Road
New Delhi-110037
4. Duration of contract From JUNE-2010 To MAR-2018
5. Number of days during the half-year on which :
(a) the establishment of the principal employer had worked 184
(b) the contractor's establishment had worked 184
6. Maximum number of contract labour employed on any day during the half year :-
Men 30 Women NIL Children NIL Total 30
7. (i) Daily hours of work and spread-over YES
(ii) (a) Whether weekly holidays observed and on what day YES
(b) If so, whether it was paid for YES
(iii) Number of man-hours of overtime worked YES
8. Number of mandays worked by :-
Men 3942 Women NIL Children NIL Total 3942
9. Amount of wages paid :
Men 2676310 Women NIL Children NIL Total 2676310
10. Amount of deductions from wages, if any :-
Men NIL Women NIL Children NIL Total NIL
11. Whether the following have been provided :-
(i) Canteen YES
(ii) Rest-rooms YES
(iii) Drinking water YES
(iv) Creches YES
(v) First-aid YES
(if the answer is 'yes', state briefly standard provided)

Place NEW DELHI

Date 31-01-2018


Signature of Contractor