

**Statutory compliance - Moolchand Hospital, Lajpat Nagar III, New Delhi - 110024**

Sl. No.	Details of the Establishment	Description
1	Name of the Establishment	Moolchand Hospital
2	Address of the Establishment (Registered Office)	Lajpat Nagar III, New Delhi-110024
3	Address of the Establishment (Branch Office)	NA
4	Nature of the which Contract Workman employed	Patient care, Security & Facility Services
5	Name of the Proprietor/Partner/Director/Managing Director	Moolchand Kharaiti Ram Trust
6	Date of starting of Business	1958
7	Date of Initial agreement with the PE & Contractor (working since with PE)	NA
8	Mobile No. of PE/Contractor	011-42000000
9	E-mail ID of PE/Contractor	<a href="mailto:human.resources@moolchandhealthcare.com">human.resources@moolchandhealthcare.com</a>
10	Website Address of Organization	<a href="http://www.moolchandhealthcare.com">www.moolchandhealthcare.com</a>
11	Registration No./Contractor Labour License No.	CLA/PE/25/2005/DLC(S)
12	Registration under the Registration Act, 1908	NA
13	Registration under the Companies Act, 1956	NA
14	Registration under Partnership Act, 1956	NA
15	Registration under the Delhi Shop & Establishment Act. 1954	NA
16	Registration under the Factory Act, (for PE)	NA
17	Registration No. of Employee ESI Act, 1984	NA
18	Registration No. EPF and Misc. Provision Act, 1952	DSSHD0002939000
19	GST No.	07AAATM0394H1ZM
20	Sale Tax Registration No.	07550340979
21	PAN Card No.	AAATM0394H
22	Name/address of website.	<a href="http://www.moolchandhealthcare.com">www.moolchandhealthcare.com</a>

Apart from the above the above the PE/Contractor should also upload the following:-

1)	Wages register along with ECS / Cheque detail for the last month.	NA (PE)
2)	ECR of PF and ESI for the last month.	NA (PE)
3)	Details of Bonus paid to the Contract Workman in "Form-C" for last year.	NA (PE)
4)	Leave register of the Present Year.	NA (PE)
5)	Details of encashment of leave for the last year.	NA (PE)
6)	Details of unpaid Wages, Bonus, Leave encashment etc.	NA (PE)

The principal Employer/Contractor should also upload the following information record in respect of their workman in the following format:

**By the Contractor**

Name and address of establishment of contractor		Month		Name & Address of Principal Employer				
S. No.	Employee code No. if any	Name of the worker	Father Name	Designation	Date of Appointment	Number of Days Worked	A/c Payee Cheque no, vide which wage are paid	Date of payment
NA	NA	NA	NA	NA	NA	NA	NA	NA

It is certify that the wages paid to all the above categories of workers is not less then Minimum Wages notification notified by Government of NCT of Delhi.

**By the Principal Employer**

Name and address of the Principal Employer establishment: Moolchand Hospital, Lajpat Nagar III, New Delhi - 110024

Name & Address of Principal Employer: Moolchand Kharaiti Ram Trust, Lajpat Nagar III, New Delhi - 110024

S.No.	Name and address of Contractor's engaged	Name of the Executive Partner/Prop./Director	Site/work place where contract labour is to be engaged	Maximum Number of worker to be engaged	Name & Designation of Authorized Representative of PE for verifying/witness the wage disbursement	Date of payment of Wages
1	M/s Eagle Hunters Solutions Ltd, Eagle House, 61-C, Kalu Sarai, Sarva Priya Vihar, New Delhi	Mr. Azad	Moolchand Hospital, Lajpat Nagar III, New Delhi - 110024	15	Mr. Sulagno Basu Manager-Corp. Affairs	7th of every month
2	M/s Aura Facilities Management Pvt Ltd, B/002, Duplex Heights,Parasrampur Tower No.6 Near Millat Nagar,Oshiwara,Andheri(west) Mumbai-400053	Mr. George Pal	Moolchand Hospital, Lajpat Nagar III, New Delhi - 110024	34	Mr. Sulagno Basu Manager-Corp. Affairs	7th of every month
3	M/s Krishna Facility Mgmt. Services, 86/1, 2nd floor, Shahpur Jat, Near Khel Gaon, New Delhi - 110049	Mr. Krishna Sharma	Moolchand Hospital, Lajpat Nagar III, New Delhi - 110024	58	Mr. Sulagno Basu Manager-Corp. Affairs	7th of every month

Note : Organization only engages Service Provider to provide specialised services that are required.