

FORM IV
[See rule 21(1)]
APPLICATION FOR LICENCE

1. Name and of the contractor (including His father's name in case of individuals) : Col S.N.P Singh, Director
SARVESH SECURITY SERVICES PVT.LTD.
413, POCKET-E MAYUR VIHAR PHSE-II,
NEW DELHI-110091

2. Date of birth and age : 01 July 1947

3. Particulars of establishment where contract labor is to be employed: - : Archarya Shree Bhikshu Govt. Hospital, Govt. of NCT of Delhi, motinagar, Delhi-110015.

Name and address of the establishment:

(a) Type of business, trade, industry: : Security of Archarya Shree Bikshu Hospital, GNCT of Delhi, Delhi-110015

Manufacture or occupation, which is carried on in the establishment; : Medical Services to the Citizen of India.

(b) Number and date of Certificate Of Registration of the establishment under the Act, :

(c) Name and address of the principal employer. : Security of Archarya Shree Bikshu Hospital, GNCT of Delhi, Delhi-110015

4. Particulars of contract labour:-

(a) Nature of work in which contract labour is Employed or is to be employed in the establishment: : Security and Allied Duties

(b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending) : 05.04.2015 To Till Date

(c) name and address of the agent or manager of contractor at the work site; : Col S.N.P Singh S/o Late H.P Singh

(d) maximum number of contract labour proposed to be employed in the establishment on any date. : 41



For Sarvesh Security Services Pvt. Ltd.

[Signature]
Authorised Signatory

5. Whether the contractor was convicted of any offence
Within the preceding five years. If so give details. No.
6. Whether there was any order against the contractor
Revoking or suspending license or forfeiting
Security deposits in respect of an earlier contract.
If so, the date of such order. No
7. Whether the contractor has worked in any other
Establishment within the past five years?
If so, give detail of the principal employer,
Establishment and nature of work. IHBAS, ESI Hospital
Basaidharapur, ESI Hospital
Jhilmil, Directorate (Medical)
Delhi ESI Complex Delhi
8. Whether a certificate by the principal employer
in Form V is enclosed. Form V is enclosed
9. Amount of license fee paid- No. of treasury
Challan and date.
10. Amount of security deposit- No. of treasury
Rs. 180 per workmen

Declaration

I hereby declare that the particulars given above are true to the best of my knowledge
and belief.

For Sarvesh Security Services Pvt. Ltd.

Place: Delhi

Date: 05-04-2015




Authorised Signatory

Signature of the applicant

(Contractor)

Note:- The application should be accompanied by a treasury receipt for the appropriate amount
And a certificate in form V from the principal employer

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with challan for fees security deposit

Signature of the Licensing Officer

FORM IV
[See rule 21(1)]
APPLICATION FOR LICENCE

1. Name and of the contractor (including His father's name in case of individuals)

Col S.N.P Singh, Director
SARVESH SECURITY
SERVICES PVT.L LTD
413, POCKET-E MAYUR
VIHAR PHSE-II,
NEW DELHI-110091

2. Date of birth and age

01 July 1947

3. Particulars of establishment where contract labor is to be employed: -

MAHARISHI VALMIKI HOSPITAL
POOTH KHURD, DELHI -110039
GOVT. OF N.C.T. OF DELHI

Name and address of the establishment:

(a) Type of business, trade, industry,

MAHARISHI VALMIKI HOSPITAL
POOTH KHURD, DELHI-110039
GOVT. OF N.C.T. OF DELHI

Manufacture or occupation, which is carried on in the establishment;

Medical Services to the
Citizen of India.

(b) Number and date of Certificate Of Registration of the establishment under the Act;

(c) Name and address of the principal employer;

MAHARISHI VALMIKI HOSPITAL
POOTH KHURD, DELHI-110039
GOVT. OF N.C.T. OF DELHI

4. Particulars of contract labour:-

(a) Nature of work in which contract labour is employed or is to be employed in the establishment

Security and Allied Duties

(b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending)

31-05-2015 To 31-05-2016

(c) name and address of the agent or manager of contractor at the work site

Col S.N.P Singh S/o Late H.P Singh

(d) maximum number of contract labour proposed to be employed in the establishment on any date

51



SARVESH SECURITY SERVICES PVT LTD.
[Signature]
SARVESH SECURITY SERVICES

5. Whether the contractor was convicted of any offence
Within the preceding five years. If so give details. : No
6. Whether there was any order against the contractor
Revoking or suspending license or forfeiting
Security deposits in respect of an earlier contract.
If so, the date of such order. : No
7. Whether the contractor has worked in any other
Establishment within the past five years?
If so, give detail of the principal employer,
Establishment and nature of work. : IHBAS, ESI Hospital
Basaidharapur, ESI Hospital
Jhilmil, Directorate (Medical)
Delhi ESI Complex Delhi
8. Whether a certificate by the principal employer
in Form V is enclosed. : Form V is enclosed
9. Amount of license fee paid- No. of treasury
Challan and date. :
10. Amount of security deposit- No. of treasury
Rs. 180 per workmen :

Declaration

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Place: Delhi

Date: 10-04-2015

Signature of the applicant

(Contractor)

Note:- The application should be accompanied by a treasury receipt for the appropriate amount
And a certificate in form V from the principal employer

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with challan for fees/security deposit.



Signature of the Licensing Officer

Deep Singh

FORM IV
[See rule 21(1)]
APPLICATION FOR LICENCE

1. Name and of the contractor (including His father's name in case of individuals) : Col S.N.P Singh, Director
SARVESH SECURITY SERVICES PVT.L LTD
413, POCKET-E MAYUR VIHAR PHSE-II,
NEW DELHI-110091
2. Date of birth and age : 01 July 1947
3. Particulars of establishment where contract labour is to be employed :- : Satyawadi Raja Harish Chander Hospital, Govt. of NCT of Delhi., Plot No-30, Sector A-7, Narela, Delhi-110040
- name and address of the establishment;
- (a) type of business, trade, industry. : Security of Satyawadi Raja Harish Chander Hospital Govt. of NCT of Delhi, Plot
- Manufacture or occupation, which is carried on in the establishment; : Medical Services to the Citizen of India.
- (b) number and date of certificate of registration of the establishment under the Act; : 186/2013
dated 09.07.2014
- (d) name and address of the principal employer. : Satyawadi Raja Harish Chander Hospital, Govt. of NCT of Delhi Plot No.30, Sector A-7, Narela Delhi-110040
4. Particulars of contract labour :-
- (a) nature of work in which contract labour is Employed or is to be employed in the establishment; : Security and Allied Duties
- (b) duration of the proposed contract work (give particulars of proposed date of commencing and ending); : 13-02-2015 To Till Date
- (c) name and address of the agent or manager of contractor at the work site; : Col S.N.P Singh S/o H.P Singh
- (d) maximum number of contract labour proposed to be employed in the establishment on any date; : 41



For SARVESH SECURITY SERVICES PVT LTD


AUTHORISED SIGNATORY

5. Whether the contractor was convicted of any offence within the preceding five years. If so give details. No.
6. Whether there was any order against the contractor Revoking or suspending license or forfeiting Security deposits in respect of an earlier contract. If so, the date of such order. No
7. Whether the contractor has worked in any other Establishment within the past five years? If so, give detail of the principal employer, Establishment and nature of work. HHBAS, ESI Hospital
Basaidharapur, ESI Hospital
Jhilmil, Directorate (Medical)
Delhi ESI Complex Delhi
8. Whether a certificate by the principal employer in Form V is enclosed. Form V is enclosed
9. Amount of license fee paid- No. of treasury Challan and date.
10. Amount of security deposit- No. of treasury Rs. 180 per workmen

Declaration

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Place: Delhi

Date: 18-03-2015



For SARVESH SECURITY SERVICES PVT. LTD.

[Handwritten Signature]
AUTHORISED SIGNATORY

Signature of the applicant

(Contractor)

Note:- The application should be accompanied by a treasury receipt for the appropriate amount And a certificate in form V from the principal employer.

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with challan for fees/security deposit.

Signature of the Licensing Officer

For SARVESH SECURITY SERVICES PVT. LTD.

[Handwritten Signature]

FORM IV
[See rule 2(1)(g)]
APPLICATION FOR LICENCE

1. Name and of the contractor including His father's name in case of individuals : Col S.N.P Singh, Director
SARVESH SECURITY SERVICES PVT.LTD
413, POCKET-E MAYAPUR
VIHAR PHASE-II,
NEW DELHI-110091
2. Date of birth and age : 01 July 1947
3. Particulars of establishment where contract labour is to be employed :-
Sanjay Gandhi Memorial
Hospital, Govt. of NCT of
Delhi, S-Block, Mangol Puri,
Delhi-110083.
- name and address of the establishment.
- (a) type of business, trade, industry : Security of Sanjay Gandhi
Memorial Hospital
Govt. of NCT of Delhi.
- Manufacture or occupation, which is carried on in the establishment : Medical Services to the
Citizen of India
- (b) number and date of certificate of registration of the establishment under the Act : 186/2013
dated 09.07.2014
- (c) name and address of the principal employee : Sanjay Gandhi Memorial
Hospital, Govt. of NCT of Delhi
S-Block, Mangol Puri
Delhi-110083.
4. Particulars of contract labour:-
- (a) nature of work in which contract labour is employed or is to be employed in the establishment : Security and Allied Duties
- (b) duration of the proposed contract work (give particulars of proposed date of commencing and ending) : 27-03-2015 To Till Date
- (c) name and address of the agent or manager of contractor at the work site : Col S.N.P.Singh S/o H.P.Singh
- (d) maximum number of contract labour proposed to be employed in the establishment on any date : 125

For S.S.S. PVT. LTD:

Authorised Signatory



5. Whether the contractor was convicted of any offence within the preceding five years, If so give details

No

6. Whether there was any order against the contractor
- Revoking or suspending license or forfeiting
- Security deposits in respect of an earlier contract.
If so, the date of such order.

No

7. Whether the contractor has worked in any other Establishment within the past five years?
If so, give detail of the principal employer, Establishment and nature of work.

DHBS, ESI Hospital
Basaidharapur, ESI Hospital
Jhilmil, Directorate (Medical)
Delhi ESI Complex Delhi

8. Whether a certificate by the principal employer in Form V is enclosed.

Form V is enclosed

9. Amount of license fee paid- No. of treasury Challan and date.

10. Amount of security deposit- No. of treasury Rs. 180 per workmen

Declaration

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Place: Delhi

Date: 28/03/2015

For S.S.S. DVT Ltd.
[Signature]
Signature of the applicant

(Contractor)

Note - The application should be accompanied by a treasury receipt for the appropriate amount And a certificate in form V from the principal employer.

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with challan for fees/security deposit

Signature of the Licensing Officer