



Plastic Mould, HPDC, LPDC, GDC Dies, Press Tools,
Fixtures and all type of VMC Job Work

ASK ENGINEERING

Plot No.2, Gut No. 30, Near M Sector,
Waluj MIDC, Aurangabad

ask.engg999@gmail.com

+91- 9850300895

DECLARATION LETTER

DATE – 09-07-2024

Dear Sir,

Thank you for considering ASK Engineering for your interest in providing services for tool room work.

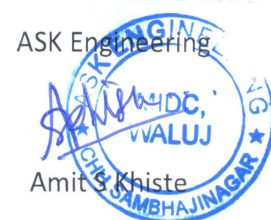
Herewith we declared that :

1. There is no any complaints register under labour law.
2. We are following working hours as per law (8 hrs shift)
3. We are paid wages as per minimum wages act
4. We have no need of electrical license
5. We have had no accidents during the last 2 yrs.
6. We have no fatalities between the last 2 yrs
7. We have not had any injuries between the last 2 yrs
8. We have not had a HSE breach or injury happen to any one person.
9. We have had no fire accident between th last 2 yrs
10. We declare that we maintain PPEs in good condition
11. We declare that all our employees follow emergency response producers as per (ETL) Company.
12. We declare that all our employees and supervisors are aware of your work permit system
13. We declare that we follow safe work procedures.
14. We declare that we are using tested ISI mark tools and equipement as factory act.

So we are happy for the opportunity to work with you.

Above information provided is true to my knowledge and I take complete responsibility for any information that is found to be misleading in this application.

ASK Engineering

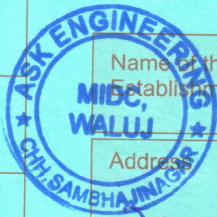


Amit S. Khiste

Attendance Card Cum Wages Slip

Rule 27 (2)

Total days worked	10	Advance	00
Actual rate of wages		Other deductions	00
Total piece rate production			
Total overtime hours worked	0		
Normal earnings		Total deduction	
Overtime earnings		Date of Entry in to Service	
Gross wages payable		Previous Balance	
Deductions		Enjoyed	
Net wages payable		Refused	
Date of payment		Due in this month	
		Total Balance	



Name of the Establishment: **Ask Engineering**
 Address: **Plot No. 2 Guf No. 30 Jyeshwanari Waluj MIDC**

Name of the Employer: _____
 Name of the Employee: **Renuka Chobe**

Age: _____ Sex: **Female**

Nature of Work: _____ Designation: _____

Working Hours from **9:00** to **17:30**

Interval for Rest from **12:30** to **13:00**

For the Month of **June** 20 **24**



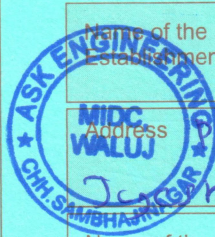
ATTENDANCE RECORD OF June 2024 FOR THE MONTH OF _____

Date	Commencing Time	Interval for Rest		Time when ceases	Hours of Overtime	Signature of the authorised person	Date	Commencing Time	Interval for Rest		Time when ceases	Hours of Overtime	Signature of the authorised person
		From	To						From	To			
1	9:00			17:30		<i>[Signature]</i>	17	A					<i>[Signature]</i>
2	9:00			17:30		<i>[Signature]</i>	18	9:00			17:30		<i>[Signature]</i>
3	A					<i>[Signature]</i>	19	9:00			17:30		<i>[Signature]</i>
4	A					<i>[Signature]</i>	20	A					<i>[Signature]</i>
5	9:00			17:30		<i>[Signature]</i>	21	off					<i>[Signature]</i>
6	A					<i>[Signature]</i>	22	A					<i>[Signature]</i>
7	off					<i>[Signature]</i>	23	9:00			17:30		<i>[Signature]</i>
8	A					<i>[Signature]</i>	24	A					<i>[Signature]</i>
9	A					<i>[Signature]</i>	25	9:00			17:30		<i>[Signature]</i>
10	9:00			17:30		<i>[Signature]</i>	26	A					<i>[Signature]</i>
11	9:00			17:30		<i>[Signature]</i>	27	A					<i>[Signature]</i>
12	A					<i>[Signature]</i>	28	off					<i>[Signature]</i>
13	A					<i>[Signature]</i>	29	A					<i>[Signature]</i>
14	off					<i>[Signature]</i>	30	9:00			17:30		<i>[Signature]</i>
15	A					<i>[Signature]</i>	31						<i>[Signature]</i>
16	A					<i>[Signature]</i>							<i>[Signature]</i>

Attendance Card Cum Wages Slip

Rule 27 (2)

Total days worked	9	Advance	0
Actual rate of wages		Other deductions	0
Total piece rate production			
Total overtime hours worked	0		
Normal earnings		Total deduction	
Overtime earnings		Date of Entry in to Service	
Gross wages payable		Previous Balance	
Deductions		Enjoyed	
Net wages payable		Refused	
Date of payment		Due in this month	
		Total Balance	



Name of the Establishment: Ask Engineering

Address: Plot No. 2, Ghat No. 30, Jambhani Waluj MIDC.

Name of the Employer: _____

Name of the Employee: Sachin Subhash Turwale

Age: _____ Sex: Male

Nature of Work: _____ Designation: _____

Working Hours from 9:00 to 17:30

Interval for Rest from 12:30 to 13:00

For the Month of June 2025

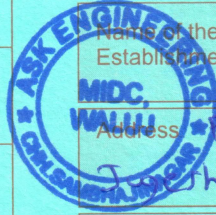


ATTENDANCE RECORD OF June 2025 FOR THE MONTH OF _____

Date	Commencing Time	Interval for Rest From To	Time when ceases	Hours of Overtime	Signature of the authorised person	Date	Commencing Time	Interval for Rest From To	Time when ceases	Hours of Overtime	Signature of the authorised person
1	A	_____	_____	_____	_____	17	9:00	_____	17:30	_____	_____
2	A	_____	_____	_____	_____	18	A	_____	_____	_____	_____
3	9:00	_____	17:30	_____	_____	19	9:00	_____	17:30	_____	_____
4	9:00	_____	17:30	_____	_____	20	A	_____	_____	_____	_____
5	A	_____	_____	_____	_____	21	off	_____	_____	_____	_____
6	A	_____	_____	_____	_____	22	A	_____	_____	_____	_____
7	off	_____	_____	_____	_____	23	9:00	_____	17:30	_____	_____
8	A	_____	_____	_____	_____	24	9:00	_____	17:30	_____	_____
9	9:00	_____	17:30	_____	_____	25	A	_____	_____	_____	_____
10	A	_____	_____	_____	_____	26	A	_____	_____	_____	_____
11	9:00	_____	17:30	_____	_____	27	A	_____	_____	_____	_____
12	A	_____	_____	_____	_____	28	off	_____	_____	_____	_____
13	A	_____	_____	_____	_____	29	A	_____	_____	_____	_____
14	off	_____	_____	_____	_____	30	9:00	_____	17:30	_____	_____
15	A	_____	_____	_____	_____	31					
16	A	_____	_____	_____	_____						

Attendance Card Cum Wages Slip

Rule 27 (2)



Name of the Establishment: **ASK Engineering**
 Address: **Plot No. 2 Gur No. 30, Jambhvari waly MIDC.**

Name of the Employer: **Tushar Mehe**

Name of the Employee: _____

Age: _____ Sex: **Male**

Nature of Work: _____ Designation: _____

Working Hours from **9:00** to **17:30**

Interval for Rest from **12:30** to **13:00**

For the Month of **June** 20**24**



Total days worked	5	Advance	0
Actual rate of wages		Other deductions	0
Total piece rate production			
Total overtime hours worked	0		
Normal earnings		Total deduction	
Overtime earnings		Leave with wages	Date of Entry in to Service
Gross wages payable			Previous Balance
Deductions			Enjoyed
Net wages payable			Refused
			Due in this month
Date of payment			Total Balance

ATTENDANCE RECORD OF **June 2024** FOR THE MONTH OF _____

Date	Commencing Time	Interval for Rest From To	Time when ceases	Hours of Overtime	Signature of the authorised person	Date	Commencing Time	Interval for Rest From To	Time when ceases	Hours of Overtime	Signature of the authorised person
1	A	_____	_____	_____	_____	17	A	_____	_____	_____	_____
2	9:00	_____	17:30	_____	_____	18	A	_____	_____	_____	_____
3	9:00	_____	17:30	_____	_____	19	A	_____	_____	_____	_____
4	9:00	_____	17:30	_____	_____	20	A	_____	_____	_____	_____
5	A	_____	_____	_____	_____	21	off	_____	_____	_____	_____
6	A	_____	_____	_____	_____	22	A	_____	_____	_____	_____
7	off	_____	_____	_____	_____	23	A	_____	_____	_____	_____
8	A	_____	_____	_____	_____	24	A	_____	_____	_____	_____
9	A	_____	_____	_____	_____	25	A	_____	_____	_____	_____
10	A	_____	_____	_____	_____	26	A	_____	_____	_____	_____
11	A	_____	_____	_____	_____	27	A	_____	_____	_____	_____
12	A	_____	_____	_____	_____	28	off	_____	_____	_____	_____
13	A	_____	_____	_____	_____	29	9:00	_____	17:30	_____	_____
14	off	_____	_____	_____	_____	30	9:00	_____	17:30	_____	_____
15	A	_____	_____	_____	_____	31					
16	A	_____	_____	_____	_____						