Register of OVERTIME

FORM XXIII

[See Rule 78(1)(a)(iii)]

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES A-40, Pochanpur Extn, Gali No.1, Sector-23, Dwarka, New Delhi-110077

Name & Address of estt. in/under which contract is carried on:MAX HEALTCARE DEHRADUN MAX HEALTCARE DEHRADUN

Name & Address of Principal Emplyoyer :MAX HEALTCARE DEHRADUN

Nature and location of work: Facade maintenance at FAÇADE MAINTENANCE & MAX HEALTCARE DEHRADUN Nature and location of work: Facade maintenance at MAX HEALTCARE DEHRADUN

							L				
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							100	AN"201	the month of J	No Overtime paid for the month of JAN'2018	4
							7	EC'201	the month of E	No Overtime paid for the month of DEC'2017	ω
							17	IOV'201	the month of N	No Overtime paid for the month of NOV'2017	2
							17)CT'201	the month of C	No Overtime paid for the month of OCT'2017	
12	11	10	9	œ	7	တ	Ŋ	4	ω	2	_
Remarks		earnings	wages	wages	ed	worked	Employment	Sex	Name		S.No.
	wages	Overtime	rate of	rates of	piecerat rates of rate of	Date on which overtime	Nature of		Husband		
	overtime		Overtime	Normal	case of		Designation /		Father's /		
	which				on in						
	Date of				producti					o o ve o o o o o	
					윽					Name of Workman	
					worked						
					overtime						
					Total						

For Duos Brain Management Support Seriyo

Authorised Signatory

REGISTER OF LEAVE The Delhi Shop's & Establishment Rules, 1954

Form No-XXV

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES New Delhi-110077 A-40, Pochanpur Extn, Gali No.1, Sector-23, Dwarka,

> Name & Address of estt. in/under which contract is carried on:MAX HEALTCARE DEHRADUN MAX HEALTCARE DEHRADUN

Nature and location of work: Facade maintenance at MAX HEALTCARE DEHRADUN

Name & Address of Principal Emplyoyer: MAX HEALTCARE DEHRADUN

MAX HEALTCARE DEHRADUN

	Casual or Sickness Leave	kness Lea	ive			Privilege Leave				
		Leave	Leave Availed			A HELEN BANGER	Leave Availed	vailed		
Amount of leave	Date of Application if any	From	То	Total Leave Availed	Date of Application if any	Whether Application Granted or Refused Fully or	From			Balance at the End of the Year
									, wallou	
LEAVE PAYME	LEAVE PAYMENT FOR THE MONTH OF OCT'2017	NTH OF	OCT'2017							
LEAVE PAYME	LEAVE PAYMENT FOR THE MONTH OF NOV'2017	NTH OF	NOV'2017							
LEAVE PAYME	LEAVE PAYMENT FOR THE MONTH OF DEC'2017	NTH OF	DEC'2017				-0			
LEAVE PAYME	LEAVE PAYMENT FOR THE MONTH OF JAN'2018	NTH OF	JAN'2018							

REGISTER OF FINES

FORM XXI SEE RULE 78(1)(a)(ii)

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,
New Delhi-110077

Name & Address of estt. in/under which contract is carried on:MAX HEALTCARE DEHRADUN MAX HEALTCARE DEHRADUN

Nature and location of work: Facade maintenance atMAX HEALTCARE DEHRADUN

Name & Address of Principal Emplyoyer :MAX HEALTCARE DEHRADUN MAX HEALTCARE DEHRADUN

		1	_ [S.No.
		FINES IMPOSED FO	NO FINES IMPOSED FO	O FINES IMPOSED FO	NO FINES IMPOSED FO	NO FINITO	Name of Workmen
		NO FINES IMPOSED FOR THE MONTH OF JAN'2018	NO FINES IMPOSED FOR THE MONTH OF DEC'2017	NO FINES IMPOSED FOR THE MONTH OF NOV '2017	NO FINES IMPOSED FOR THE MONTH OF OCT'2017		Father's / Husband Name 3
		2018	2017	2017	2017		Designation / Nature of Employment
							Designation / Act/Omission Nature of for which fine Employment imposed 4 5
							Date of offence
							workmen workmen showed cause against fine
						c	Name of person in whose presence employee's explanation was heard
						G.	Wage period and wages payable
	T-					10	Amount of fine imposed
						1	Date on which fne realised
						12	Remarks

For Duos Brain Management Support Serivces

NAME OF PRINCIPAL EMPLOYER:

Computation of the Allocable Surplus under section 2(4)

Name & Address of Principal Emplyoyer: M/s J L L BULDING (P) LTD.,
MAX HEALTCARE, DEHRADUN
SUMS DEDUCTED FROM GROSS PROFITS

	GROSS PROFIT for the accounting Year (Rs.)
	Depreciation under Section 6(a)
	Depreciation Development rebate or under Section 6(a) Development allowance Section 6 (b) Section 6 (b) Section 6 (c') Schedule to
	Diret Taxes Section 6 ('c')
BONUS PAID FOR THE MONTH OF OCT'2017 BONUS PAID FOR THE MONTH OF NOV'2017 BONUS PAID FOR THE MONTH OF DEC'2017 BONUS PAID FOR THE MONTH OF JAN'2018	s as are der the Third this Act
THE MONTH OF OCT'2017 THE MONTH OF NOV'2017 THE MONTH OF DEC'2017 THE MONTH OF JAN'2018	Total of sums deducted under Columns 2,3,4 and 5
	Total of sums deducted Available surplus for the under Columns 2,3,4 accounting year (Column 1 minus surplus (@ 67%) and 5 Column 6) (*60% ofColumn 7)
α	Amount of allocable surplus (@ 67%) (*60% ofColumn 7)

Register of Advance

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES

A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,

New Delhi-110077

Name & Address of estt. in/under which contract is carried on:MAX HEALTCARE ,DEHRADUN MAX HEALTCARE ,DEHRADUN

Nature and location of work : Facade maintenance atMAX HEALTCARE , DEHRADUN

Name & Address of Principal Emplyoyer: MAX HEALTCARE, DEHRADUN MAX HEALTCARE, DEHRADUN

	1		4			- 1	4 -4	S.No.
			ADVANCE PAID IN	O ADVANCE PAID IN	NO ADVANCE PAID IN	NO ADVANCE PAID IN	2	Name
			NO ADVANCE PAID IN THE MONTH OF JAN'2018	NO ADVANCE PAID IN THE MONTH OF DEC'2017	NO ADVANCE PAID IN THE MONTH OF NOV'2017	NO AUVANCE PAID IN THE MONTH OF OCT 2017	S	Father's / Husband Name
			18	017	017	017	4	Nature of Employment
							5	and wages payable
							6 7	amount of
							advance made	Purpose (s) for which
						α	advance to be repaid	No. of instalment by which
						9	repaid	No. of instalment of each instalment
						10		Date on which
						1	Remarks	

For Duos Brain Management Support Serioces

thorised Signatory

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,
New Delhi-110077

Nature and location of work: Facade maintenance at: MAX HEALTCARE ,DEHRADUN Register Under Employee's State Insurance Regulation

ACCIDENT BOOK

Name & Address of estt. in/under which contract is carried on: MAX HEALTCARE, DEHRADUN

MAX HEALTCARE, DEHRADUN

FORM II (REGULATION 66)

Name & Address of Principal Emplyoyer: MAX HEALTCARE ,DEHRADUN MAX HEALTCARE ,DEHRADUN

Employer's Code No. 200010277100010001

				4	w	2	_	SINO	
		П	1	NO A	NOA	NOA	NOA		
				COIDEN.	CCIDEN	CCIDEN	CCIDEN	Date Time of Notice Notice	
				NO ACCIDENTS FOR THE MONTH OF JAN'2018	NO ACCIDENTS FOR THE MONTH OF DEC'2017	NO ACCIDENTS FOR THE MONTH OF NOV 2017	NO ACCIDENTS FOR THE MONTH OF OCT 2017	of Name & address of the injured	
				- JAN'20	F DEC'2	F NOV2	F OCT 2	Sex	
)18	017	017		1,5	
								Insurance Number	
								Shift Department and occupation of the employee	
								Cause	
							Company of	Nature	N J C X Y
	П				Ī	1	Date	2	7
						1	1		
							Fidua		
							Accident	What exactly was the injured person doing at the time of	INJURY
							notice	What exacty Name, occupation, was the address & signature & injured or the thumb designation of the person doing impression of the at the time of person(s) giving makes the entry	Υ.
							2.7	ā	
							if any	Remarks	

For Duos Brain Management Support Serivces