

**FORM XXIII**

**Name and Address of Contractor : DUOS BRAIN MANAGEMENT SUPPORT SERVICES**

Name & Address of est. in/under which contract is carried on: MAX HEALT CARE DEHRADUN  
MAX HEALT CARE DEHRADUN

Name & Address of Principal Employer :MAX HEALTHCARE DEHRADUN

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

[illegible]

**For Duos Brain Management Support Services**

**Authorised Signatory**

## Form No-XXV

**Form No-XXV**

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

**Name & Address of Principal Employer :MAX HEAL TCARE DEHRADUN**  
**MAX HEALTCARE DEHRADUN**

[illegible]

**Authorised Signatory**

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

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

**Name & Address of Principal Employer :MAX HEALTHCARE DEHRADUN  
MAX HEALTHCARE DEHRADUN**

[illegible]

**For Duos Brain Management Support Services**

**Authorised Signatory**

**DONOR**  
SEE RULE 4(A)

FORM A

## NAME OF PRINCIPAL EMPLOYEE.

**MAX HEALTHCARE, DEHRADUN**

For Duos Brain Management Support Services



**A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,  
New Delhi-110077**

A-40, Puchanpur Extn, Gali No.1, Sector-23, Dwarka,  
New Delhi-110077

**Name & Address of Principal Employer :** MAX HEALTHCARE ,DEHRADUN  
**MAX HEALTHCARE ,DEHRADUN**

[illegible]

ment Support Services  
Authorized Signatory

# ACCIDENT BOOK

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**  
**Register Under Employee's State Insurance Regulation**

Name & Address of Principal Employer : MAX HEALT CARE ,DEHRADUN  
MAX HEALT CARE ,DEHRADUN

**Employer's Code No.** 200010277100010001

[illegible]

**For Duos Brain Management Support Services**  
  
**Authorized Signatory**