# MUSTER ROLL

## **FORM XVI**

[ See Kule 78(1)(a)(i)]

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

 $Name\ \&\ Address\ of\ estt.\ in/under\ which\ contract\ is\ carried\ on:\ Max\ Super\ Speciality\ Hospital\ 108-A,\ Indraprastha\ Extension, PATPA$ 

Nature and location of work : Facade maintenance at: Max Super Speciality Hopital

Name & Address of principal Employer: Max Super Speciality Hospital Patparganj

For the Month of: JAN '2018

S.N	. EMPLOYEE NAME	Father's / Husband Name	Sex	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	P	A	W/P	Н	TOTAL PAY DAYS
1	AJAY KUMAR SHARMA	GIRISH KUMAR SHARMA	М	Α	Α	A	A	A	A	Α	P	P	P	P	P	P	W/0	P	P	Р	P	P	P	W/O	P	P	P	P	Н	P	W/0	Р	P	P	21	7	3	1	24
2	ARUN SHARMA	RAM BALAK SHARMA	M	P	P	P	P	P	P	W/O	P	P	P	P	P	P	W/0	P	P	P	P	P	P	W/O	P	P	P	P	Н	P	W/0	P	P	P	26	0	4	1	31
3	ANKIT PAL	SHIROMAN SINGH	М	P	P	Р	P	P	P	W/0	P	Р	P	P	P	P	W/0	P	P	Р	P	P	Р	W/O	Р	P	P	P	Н	P	W/0	P	P	P	26	0	4	1	31
4	YASHVANT GAUTAM	HORI LAL GAUTAM	М	P	P	P	P	P	P	W/0	P	P	P	P	P	P	W/0	P	P	P	P	P	P	W/O	P	P	P	P	Н	P	W/0	P	P	P	26	0	4	1	31
5	RAJ BAHADUR CARPENTER	RAM PRASAD CARPENTER	М	P	P	Р	P	P	P	W/0	P	Р	P	P	P	P	W/0	Р	P	Р	P	P	P	W/0	Р	P	P	P	Н	P	W/0	Р	Р	P	26	0	4	1	31

#### **REGISTER OF WAGES**

FORM- XVII

(See Rule 78(a) (i)

Wage period : Monthly...MAR'2017

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 Principal Employer : MAX HOSPITAL,PATPA

Name & Address of estt. in/under which contract is carried on: N

Nature and location of work: Facade maintenance at MAX HOSPITAL, PATPARGANJ

		Name of Workman	EPF No	Sl.No in			Ra	te of Wa	ges	A	mount of W	/ages Earne	d	Ded	luction	,if any(i	ndicate		
SIN o	Emp code	Father's Name	ESI no	the register of workma n	Designation/natu re of work done	No. of days worked	Basic	HRA	Total	Basic Wages	HRA	Other cash payments (nature of Arrears)	Total	LWF	ESI	EPF	ADVANCE /TDS	Total deductio n	Net Amount Paid
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	DB357	AJAY KUMAR SHARMA	DL/38086/598		RAS	27	9802	780	10582	8537	679	0	9216	0	162	1024	0	1186	8030
		GIRISH KUMAR SHARMA	2014707939																
2	DB1052	ARUN SHARMA	DL/38086/1267		SUPERVISOR	31	9802	1802	11604	9802	1802	374	11978	0	210	1176	0	1386	10592
		RAM BALAK SHARMA	2015168043																
3	DB1323	ANKIT PAL	DL/38086/1533		RAS	31	9802	780	10582	9802	780	683	11265	0	198	1176	0	1374	9891
		SHIROMAN SINGH	2015409384																
4	DB2582	RAJBAHADUR KARPENTER	DL/38086/3027		CLEANER	17	8100	1468	9568	4442	805	0	5247	0	92	533	0	625	4622
		RAM PRASAD CARPENTER	2016287600																
5	DB1748	YASHVANT GAUTAM	DL/38086/1946		CLEANER	30	8100	1468	9568	7839	1421	0	9260	0	163	941	0	1104	8156
		HORI LAL GAUTAM	2015640898																

## **WAGES SLIP**

FORM XIX

[see Rule 78(1)(b)]

For the month: MAR'2017

Sex and Identification: Male

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 HOSPITAL, PATPARGANJ

Nature and location of work : Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name & Address of Principal Emplyoyer: MAX HOSPITAL,PATPARGANJ

Name and Father's/Husband's name of the workman: AJAY KUMAR SHARMA/GIRISH KUMAR SHARMA

EPF NO DL/38086/598

ESI NO 2014707939

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages	Signature of the contractor or his respresen tative
27	9802	0	0	0	9216	1024	8030	
						162		

Place : Date : Signature of the Contractor

### **WAGES SLIP**

FORM XIX

[see Rule 78(1)(b)]

For the month: MAR'2017

Sex and Identification: Male

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 HOSPITAL, PATPARGANJ

Nature and location of work: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name & Address of Principal Emplyoyer: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

ESI NO

Name and Father's/Husband's name of the workman: ARUN SHARMA/RAM BALAK SHARMA

> **EPF NO** DL/38086/1267

> > 210

2015168043 No of Signature units Deduction of the No of Dates on Gross Actually Rate of worked in Spl .if contractor which Days wages wages any(EPF+E or his wages case of allowance overtime worked payable paid piece-rate SI) respresen worked workers tative wages 31 9802 374 11978 1176 10592 0 0

Signature of the Contractor Place Date

#### **WAGES SLIP**

FORM XIX

[see Rule 78(1)(b)]

For the month: MAR'2017

Sex and Identification: Male

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 HOSPITAL, PATPARGANJ

Facade Maintenance at MAX HOSPITAL, PATPARGANJ Nature and location of work:

Name & Address of Principal Emplyoyer: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name and Father's/Husband's name of the workman: **ANKIT PAL/SHROMAN SINGH** 

**EPF NO** DL/38086/1533 ESI NO 2015409384

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages paid	Signature of the contractor or his respresen tative	
31	9802	0	0	683	11265	1176	9891		
						198			l

Place Date Signature of the Contractor

### **WAGES SLIP**

FORM XIX

[see Rule 78(1)(b)]

For the month: MAR'2017

Sex and Identification: Male

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 HOSPITAL, PATPARGANJ

Nature and location of work: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name & Address of Principal Emplyoyer: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name and Father's/Husband's name of the workman: RAJBAHADUR KARPENTER/ RAM PRASAD KARPENTER

**EPF NO** 

DL/38086/3027 ESI NO 2016287600

No of Days	Rate of wages	No of units worked in case of	Dates on which	Spl allowance	Gross wages	Deduction ,if any(EPF+E	Actually wages	Signature of the contractor or his
		worked in		•		,if	Actually wages	contractor
31	8100	0	0	1723	11291	972	8504	
						198		

Place Date Signature of the Contractor

#### **WAGES SLIP**

FORM XIX

[see Rule 78(1)(b)]

For the month: MAR'2017

Sex and Identification: Male

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 HOSPITAL, PATPARGANJ

Nature and location of work: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name & Address of Principal Emplyoyer: Facade Maintenance at MAX HOSPITAL, PATPARGANJ

Name and Father's/Husband's name of the workman: YSHAWANT GAUTAM/HORILAL GAUTAM

**EPF NO** DL/38086/1946 ESI NO 2015640898

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages paid	Signature of the contractor or his respresen tative
31	8100	0	0	0	9260	941	8156	
						163		

Place Date Signature of the Contractor