MUSTER ROLL

FORM XVI

[See Rule 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 HOSPITAL,PATPARGANJ

Name & Address of principal Employer : **MAX HOSPITAL,PATPARGANJ**

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

for the Month of :SEP'2016

S.No.	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		TOTAL	Remarks
1	AJAY KUMAR SHARMA	GIRISH KUMAR SHARMA	M	P	P	P		P	P	P	A	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P		29	
2	ARUN SHARMA	RAM BALAK SHARMA	M	P	P	P		P	A	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P		29	
3	ANKIT PAL	SHIROMAN SINGH	M	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P		30	
4	YASHVANT GAUTAM	HORI LAL GAUTAM	M	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	A	P	P	P		P	P	P	P	P		29	
5	RAJ KUMAR CARPENTER	RAM PRASAD CARPENTER	M	P	P	P		P	P	P	P	P	P		P	P	P	A	A	A		A	A	A	A	A	A		A	A	A	A	A		14	
6	YOGENDRA SINGH	AKHILESH KUMAR SINGH	M	A	A	A		A	A	A	A	A	A		A	A	A	A	A	A		P	P	P	P	P	P		P	P	P	P	P		12	