REGISTER OF WAGES

FORM- XVII

(See Rule 78(a) (i))

Name and Address of Contractor : DUOS BRAIN MANAGEMENT SUPPORT SERVICE (Name & Address of estt. in/under which contract is carried on:M/s MAX HOSPITAL, Saket, New Delhi-110017 A-40 POCHANPUR EXTN GALI NO-1 DWARKA SECT-23 NEW DELHI-110077 SAKET NEW DELHI-110077

Name & Address of Principal Emplyoyer : MAX HOSPITAL, Saket, New Delhi-110017

Nature and location of work : Facade maintenance at MAX HOSPITAL, Saket, New Delhi-110017.

Wage period : Monthly...DEC'2017

	Name of Workman					Rate of Wages				Amour	nt of Wag	ges Earned		Deduction, if any (indicate nature)								
N D	Emp Code	Father's Name	Sl.No in the register of workman	Designation/na ture of work done	No. of days worked	Basic	Leave	BONUS	Total	Basic Wages	Leave	BONUS	Other cash payments(nature of Arrears)	Total	LWF	ESI	EPF	ADVANCE /TDS	Total deducti on		Signature/Thumb impression of workmen	Date of Payment
1	2	3	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	DB2727	VIKASH		CLEANER	31	9724	534	292	10258	9724	534	292	627	11177	0	182	1167	0	1349	9828	By Bank Transfer	07-Jan-18
2	DB1764	MANISH		CLEANER	30	9724	534	292	10258	9410	517	283	0	10210	0	165	1129	0	1294	8916	By Bank Transfer	07-Jan-18
3	DB3109	GAUTAM		CLEANER	31	9724	534	292	10258	9724	534	292	941	11491	0	187	1167	0	1354	10137	By Bank Transfer	07-Jan-18
4	DB3324	MUKESH KUMAR		CLEANER	31	9724	534	292	10258	9724	534	292	627	11177	0	182	1167	0	1349	9828	By Bank Transfer	07-Jan-18

WAGES SLIP

For the month : DEC'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 SUPER SPECIALITY HOSPITAL SAKET

Nature and location of work : Façade maintenance at MAX SUPER SPECIALITY HOSPITAL SAKET

Name & Address of Principal Emplyoyer : MAX SUPER SPECIALITY HOSPITAL SAKET

Name and Father's/Husband's name of the workman :VIKASH / RAM SEVAK RAM

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Leave	BONUS	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages paid	Signature of the contractor or his respresent ative
31	9724	0	0	534	292	627	11177	1167	9828	07-Jan-18
								182		
Place	: New Delh	i	Date			:		Signature o	of the Contr	actor
					WA	GES S	SLIP		FORM	хіх
									[see Rule]	78(1)(b)]
For the mo	onth : DEC'2	017								
Sex and Ide	entification	:	Male							
		Contractor				DUOS BRAII A-40,Pochai Sector-23 D	npur Extn., warka, Ne	Gali No. 1 w Delhi-110	077	ICES
Name & Ao	ddress of es	tt. in/under	which cont	ract is carri	ed on: MAX	SUPER SPEC	CIALITY HOS	SPITAL SAKE	Т	
Nature and	location o	f work : Faça	ade mainter	nance at MA	AX SUPER SI	PECIALITY HO	OSPITAL SA	KET		
Namo 8. Ar	ddrace of Dr	incipal Emp	wayar • MA				c 			
Name & Au	Juless of Pl	псіраї спір	iyoyer . IviA	A SUPER SP		OSPITAL SAKI				
Name and	Father's/Hu	usband's nar	ne of the w	orkman : M	ANISH / ON	/I PRAKASH				
No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Leave	BONUS	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages paid	Signature of the contractor or his respresent ative
30	1129	0	0	517	283	0	10210	1129	8916	07-Jan-18
								165		
Place	: New Delh	11	Date			:		Signature o	of the Conti	actor

WAGES SLIP

For the month : DEC'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 SUPER SPECIALITY HOSPITAL SAKET

Nature and location of work : Façade maintenance at MAX SUPER SPECIALITY HOSPITAL SAKET

Name & Address of Principal Emplyoyer : MAX SUPER SPECIALITY HOSPITAL SAKET

Name and Father's/Husband's name of the workman :GAUTAM/ NARSINGH PASWAN

	No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	which overtime	Leave	BONUS	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually wages	Signature of the contractor or his respresent ative
	31	9724	0	0	534	292	941	11491	1167	10137	07-Jan-18
1									187		
	Place	: New Delh	ii	Date			:		Signature o	of the Contr	actor

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : DEC'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 SUPER SPECIALITY HOSPITAL SAKET

Nature and location of work : Façade maintenance at MAX SUPER SPECIALITY HOSPITAL SAKET

Name & Address of Principal Emplyoyer : MAX SUPER SPECIALITY HOSPITAL SAKET

Name and Father's/Husband's name of the workman :MUKESH KUMAR / PRABHU SAHANI

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	which overtime	Leave	BONUS	Spl allowance	Gross wages payable	Deduction ,if any(EPF+E SI)	Actually	Signature of the contractor or his respresent ative
31	9724	0	0	534	292	627	11177	1167	9828	07-Jan-18
								182		
Place	: New Delh	i	Date			:		Signature o	of the Contr	actor