

REGISTER OF WAGES

FORM- XVII

(See Rule 78(a) (i))

Name and Address of Contractor : **DUOS BRAIN MANAGEMENT SUPPORT SERVICES** 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-110017

Name & Address of Principal Employer : 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

Sl. No	Emp Code	Name of Workman		Sl.No in the register of workman	Designation/nature of work done	No. of days worked	Rate of Wages				Amount of Wages Earned				Deduction, if any (indicate nature)				Total deduction	Net Amount Paid	Signature/Thumb impression of workmen	Date of Payment	
		Father's Name					Basic	Leave	BONUS	Total	Basic Wages	Leave	BONUS	Other cash payments (nature of Arrears)	Total	LWF	ESI	EPF					ADVANCE /TDS
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

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 Employer : 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 Delhi

Date

:

Signature of the Contractor

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 Employer : MAX SUPER SPECIALITY HOSPITAL SAKET

Name and Father's/Husband's name of the workman :**MANISH / OM 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 Delhi

Date

:

Signature of the Contractor

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 Employer : 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	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	941	11491	1167	10137	07-Jan-18
								187		

Place : New Delhi

Date

:

Signature of the Contractor

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 Employer : 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	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 Delhi

Date

:

Signature of the Contractor