FORM XVI
[(See Rule 78(1)(a)(i)]

MUSTER ROLL

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,SAKET

Name & Address of principal Employer : **MAX HOSPITAL,SAKET-110017**

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

for the Month of : APR'2016

Sl.No.	Name of Workman	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	AKASH SHRIVASTAVA	KRISHAN MURARI	M	P	P	P	A	P	P	P	P	P	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	A	P	P	P	P		30	
2	PUSHPENDRA PRATAP SINGH	KAMLESH KUMAR	M	P	P	P	A	P	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		18	
3	NOOR MOHAMMAD	MOHD SATTAR	M	P	P	P	P	P	P	P	P	P	P	P	P	P	A	A	P	P	P	P	P	P	A	P	A	P	P	P	A	A	A		27	
4	NAVNEET KUMAR JHA	ANIL KUMAR JHA	M	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		30	