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,SAKET

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

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

Wage period : Monthly...JULY'16

Sl.No.	Name of Workman	EMPLOYEE ID	DESIGNATION	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	TOTAL	REMARK
1	NAVNEET JHA	DB1661	CLEANER	M	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		31	
2	SONU	DB1763	CLEANER	M	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	P	W/O	31	
3	AKRAM	DB1656	RAS	M	A	A		A	A	A	A	A	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		23	