REGISTER OF WAGES

FORM-XVII

(See Rule 78(a) (i)

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES

A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,

New Delhi-110077.

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

Name & Address of estt. in/under which contract is carried on: MAX HOSPITAL, SHALIMAR BAGH

Name & Address of Principal Emplyoyer : MAX HOSPITAL, SHALIMAR BAGH

Wage period : Monthly.....MAY'16

SI	Emn	Name of Workman	Mother's Name	EPF No	SI.No in the register of workman	Designation/nat ure of work done	No. of days worked	Rate of Wages			Amount of Wages Earned				Deduction,if any(indicate nature)				Total	Net	Signature/Thumb	Date of
No		Father's Name		ESI No				Basic	HRA	Total	Basic Wages	HRA	Other cash payments(n ature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/ TDS	deduction	Amount Paid	impression of workmen	payment
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	DB009	AJAY KUMAR	ANITA DEVI	DL/38086/376		SUPERVISOR	31	11154	0	11154	11154	0	0	11154	0	195	1338	0	1534	9620	4629520368716387	
		VIJAY KUMAR		2014240728																		
2	DB1680	DEEPU	SARASWATI DEVI	DL/38086/1872		RAS	31	10140	0	10140	10140	0	0	10140	0	177	1217	0	1394	8746	applied	
		PAPU SONY		2015608404																		
3	DB1824	DEEPAK	KAMLESH	DL/38086/2009		CLEANER	31	9178	0	9178	9178	0	0	9178	0	161	1101	0	1262	7916	applied	
		DINESH		2015666860																		
4	DB2368	DEEPAK	KUSUM DEVI	DL/38086/2547		CLEANER	31	9178	0	9178	9178	0	0	9178	0	161	1101	0	1262	7916	applied	
		AMARNATH		2015953949																		