

# 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 SHALIMARBAGH NEW DELHI,**

Name & Address of principal Employer :MAX HOSPITAL SHALIMARBAGH NEW DELHI,

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

**For the Month of AUGUST'2018**

S.N o.	EMPLOYEE NAME	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	31	P	A	W/O	H	TOTAL PAY DAYS	Remarks
1	<b>PAWAN KUMAR</b>	VIJAY KUMAR	M	P	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	H	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P	26	0	4	1	31	
2	<b>DEEPAK</b>	AMARNATH	M	P	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	H	P	P	P	W/O	P	P	P	P	P	P	A	A	A	A	A	A	21	6	3	1	25	
3	<b>RAVI</b>	JAI LAL	M	P	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	H	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P	26	0	4	1	31	
4	<b>SAGAR SINGH</b>	RAJENDRA SINGH	M	P	P	P	P	W/O	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	4	26	1	0	5	
5	<b>NEELAMBER GUPTA</b>	RAM PUJARI GUPTA	M	A	A	A	A	A	A	A	A	A	P	P	W/O	P	P	H	P	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P	P	P	18	9	3	1	22	



# WAGES SLIP

For the month : MAR'2017

Sex and Identification : Male

Name and Address of Contractor : **DUOS BRAIN M  
A-40,Pochanp  
Sector-23 Dw:**

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

Nature and location of work : **Facade Mainte**

Name & Address of Principal Employoyer : **MAX HOSPITA**

Name and Father's/Husband's name of the workman : **RAVI/KALICHARAI**

EPF NO DL/38086/

UAN NO- 100966722

ESI NO 20163513

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction,if any(EPF+ESI)
30	9178	0	0	0	8882	1066
						156

Place : NEW DELHI Date : Signature of the

# WAGES SLIP

For the month : MAR'2017

Sex and Identification : Male

Name and Address of Contractor : **DUOS BRAIN M  
A-40,Pochanp  
Sector-23 Dw:**

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

Nature and location of work : **Facade Mainte**

Name & Address of Principal Employoyer : **MAX HOSPITA**

Name and Father's/Husband's name of the workman : **AJAY KUMAR/VIJA**

EPF NO DL/38086/

UAN NO- 100075077

ESI NO

20142407

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction,if any(EPF+ESI)
30	11154	0	0	0	10794	1295
						189

Place : NEW DELHI

Date :

Signature of the

## WAGES SLIP

For the month : MAR'2017

Sex and Identification : Male

Name and Address of Contractor :

**DUOS BRAIN I  
A-40,Pochanp  
Sector-23 Dw**

Name &amp; Address of estt. in/under which contract is carried on: MAX HOSPITAL,SHALIM

Nature and location of work :

**Facade Mainte**

Name &amp; Address of Principal Emplpyoyer :

**MAX HOSPITA**

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

**DEEPAK/DINESH**

EPF NO DL/38086%

UAN NO- 10060580%

ESI NO 2015666%

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction,if any(EPF+ESI)
31	10140	0	0	0	10140	1217
						178

Place : NEW DELHI

Date :

Signature of the

## WAGES SLIP

For the month : MAR'2017

Sex and Identification : Male

Name and Address of Contractor :

**DUOS BRAIN I  
A-40,Pochanp  
Sector-23 Dw**

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

Nature and location of work :

**Facade Mainte**

Name & Address of Principal Employoyer :

**MAX HOSPITA**

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

**DEEPAK/AMARNA**

EPF NO DL/38086/

UAN NO- 10062203C

ESI NO 2015953C

No of Days worked	Rate of wages	No of units worked in case of piece-rate workers	Dates on which overtime worked wages	Spl allowance	Gross wages payable	Deduction,if any(EPF+ESI)
31	9178	0	0	0	9474	1101
						166

Place : NEW DELHI

Date :

Signature of the

**FORM XIX**

[see Rule 78(1)(b)]

**MANAGEMENT SUPPORT SERVICES**

**ur Extn., Gali No. 1**

**arka, New Delhi-110077**

**IAR BAGH**

**enance at MAX HOSPITAL,SHALIMAR BAGH**

**AL,SHALIMAR BAGH**

**N**

3107

2374

312

Actually wages paid	Signature of the contractor or his representative
7660	

e Contractor

**FORM XIX**

[see Rule 78(1)(b)]

**MANAGEMENT SUPPORT SERVICES**

**ur Extn., Gali No. 1**

**arka, New Delhi-110077**

**IAR BAGH**

**enance at MAX HOSPITAL,SHALIMAR BAGH**

**AL,SHALIMAR BAGH**

**AY KUMAR**

376

7262

728

Actually wages paid	Signature of the contractor or his representative
9310	

e Contractor

**FORM XIX**

[see Rule 78(1)(b)]

**MANAGEMENT SUPPORT SERVICES**

**ur Extn., Gali No. 1**

**arka, New Delhi-110077**

**IAR BAGH**

**enance at MAX HOSPITAL,SHALIMAR BAGH**

**AL,SHALIMAR BAGH**

2009

2905

360

Actually wages paid	Signature of the contractor or his representative
8745	

e Contractor

**FORM XIX**

[see Rule 78(1)(b)]

**MANAGEMENT SUPPORT SERVICES**

**ur Extn., Gali No. 1**

**arka, New Delhi-110077**

**SHALIMAR BAGH**

**aintenance at MAX HOSPITAL, SHALIMAR BAGH**

**SHALIMAR BAGH**

**DATE**

**25/07/2019**

**2019**

Actually wages paid	Signature of the contractor or his representative
8207	

**Signature of Contractor**