

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,SHALIMAR BAGH**

Name & Address of principal Employer :MAX HOSPITAL,SHALIMAR BAGH

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

for the Month of FEB'2018

S.No.	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				P	A	W/P	H	TOTAL PAY DAYS	Remarks	
1	PAWAN KUMAR	VIJAY KUMAR	M	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	P	P	P				24	0	4	0	28		
2	DEEPAK 2368	DINESH	M	P	P	P	W/O	P	P	P	P	P	P	W/O	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A				10	16	2	0	12		
3	DEEPAK	AMARNATH	M	A	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				23	1	4	0	27		
4	GOVIND	UPENDRA THAKUR	M	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	W/O	P	P	P	P	P	P	W/O	P	P	P				11	15	2	0	13	
5	RAVI	JAI LAL	M	P	P	P	W/O	P	P	P	P	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A				8	19	1	0	9		
6	SAGAR SINGH	RAJENDRA SINGH	M	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	P	P	P	W/O	P	P	P				8	19	1	0	9		

WAGES SLIP

FORM X

[see Rule 78(1)]

For the month : MAR'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 HOSPITAL,SHALIMAR BAGH

Nature and location of work : **Facade Maintenance at MAX HOSPITAL,SHALIMA**

Name & Address of Principal Employer : **MAX HOSPITAL,SHALIMAR BAGH**

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

EPF NO DL/38086/3107

UAN NO- 100966722374

ESI NO 2016351312

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)	Actually wages paid	Signature of the contractor or his respresent ative
30	9178	0	0	0	8882	1066	7660	
						156		

Place : NEW DELHI

Date :

Signature of the Contractor

WAGES SLIP

FORM X

[see Rule 78(1)]

For the month : MAR'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 HOSPITAL,SHALIMAR BAGH

Nature and location of work : **Facade Maintenance at MAX HOSPITAL,SHALIMA**

Name & Address of Principal Employer : **MAX HOSPITAL,SHALIMAR BAGH**

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

EPF NO DL/38086/376

UAN NO- 100075077262

ESI NO 2014240728

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)	Actually wages paid	Signature of the contractor or his respresent ative
30	11154	0	0	0	10794	1295	9310	
						189		

Place : NEW DELHI

Date :

Signature of the Contractor

WAGES SLIP

FORM X

For the month : MAR'2017

[see Rule 78(1)]

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 HOSPITAL,SHALIMAR BAGH

Nature and location of work : **Facade Maintenance at MAX HOSPITAL,SHALIMA**

Name & Address of Principal Employer : **MAX HOSPITAL,SHALIMAR BAGH**

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

EPF NO DL/38086/2009
UAN NO- 100605802905
ESI NO 2015666860

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)	Actually wages paid	Signature of the contractor or his respresent ative
31	10140	0	0	0	10140	1217	8745	
						178		

Place : NEW DELHI

Date :

Signature of the Contractor

WAGES SLIP

FORM X

For the month : MAR'2017

[see Rule 78(1)]

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 HOSPITAL,SHALIMAR BAGH

Nature and location of work : **Facade Maintenance at MAX HOSPITAL,SHALIMA**

Name & Address of Principal Employer : **MAX HOSPITAL,SHALIMAR BAGH**

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

EPF NO DL/38086/2547
UAN NO- 100622030977
ESI NO 2015953949

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)	Actually wages paid	Signature of the contractor or his respresent ative
31	9178	0	0	0	9474	1101	8207	
						166		

Place : NEW DELHI

Date :

Signature of the Contractor

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