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 SHALIMARBAGH NEW DEL

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	JULY'2018
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S. No EMPLOYEE NAME	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	Р	A	w/о н	TOTAL PAY DAYS
1 PAWAN KUMAR	Supervisor	м	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	Р	Р	W/O	Ρ	Ρ	Ρ	Ρ	27	0	4 0	31
2 DEEPAK	Ras	м	Ρ	Ρ	А	А	А	W/O	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	Р	Р	W/O	Ρ	Ρ	Ρ	Ρ	24	3	4 0	28
3 RAVI	Cleaner	м	Ρ	Ρ	Ρ	Ρ	Ρ	А	W/O	Ρ	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	S	Ρ	Ρ	A	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Р	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	24	2	4 0	28
4 SAGAR SINGH	Cleaner	м	Ρ	Ρ	Ρ	Ρ	Ρ	W/O	Ρ	Ρ	Ρ	Ρ	A	A	A	A	A	А	Ρ	Ρ	Ρ	W/O	Ρ	Р	Ρ	Ρ	Ρ	Р	W/O	Ρ	Ρ	Ρ	Ρ	22	6	3 0	25

## **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 Principal Emplyoyer :

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

MAX HOSPITAL, SHALIMAR BAGH

### Wage period : Monthly MAR'2017

SIN	Emp	Name of Workman	Mother's Name		SI.No in the	e Designation/nat	t No. of	Rate of Wages			An	d	Deduction, if any (indicate nature)					Net	Signature/Thumb	Date of		
0	Code	Father's Name			ure of work done	days worked	Basic	HRA	Total	Basic Wages	HRA	Other cash payments(n ature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/ TDS	Total 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	30	11154	0	11154	10794	0	0	10794	0	189	1295	0	1484	9310	BANK TRANFER	7-Apr-17
		VIJAY KUMAR		2014240728																		
2	DB2886	RAVI	KALICHARAN	DL/38086/3107		CLEANER	30	9178	0	9178	8882	0	0	8882	0	156	1066	0	1222	7660	BANK TRANFER	7-Apr-17
		PAPU SONY		2016351312																		
3	DB1824	DEEPAK	KAMLESH	DL/38086/2009		CLEANER	31	10140	0	10140	10140	0	0	10140	0	178	1217	0	1395	8745	BANK TRANFER	7-Apr-17
		DINESH		2015666860																		
4	DB2368	DEEPAK	KUSUM DEVI	DL/38086/2547		CLEANER	31	9178	0	9178	9178	0	296	9474	0	166	1101	0	1267	8207	BANK TRANFER	7-Apr-17
		AMARNATH		2015953949																		

			WA	GES S	SLIP				FORM
	onth : MAR'2 entification		Male						[see Rule 78(1)
Name and	Address of	Contractor :				DUOS BRAIN N A-40,Pochanpu Sector-23 Dwar	ır Extn., Ga	li No. 1	
Name & A	ddress of es	tt. in/under	which cont	ract is carrie	d on: MAX HO	SPITAL, SHALIMA		em-1100//	
Nature and	d location of	work :				Facade Mainte	nance at M	AX HOSPIT	AL,SHALIMA
Name & A	ddress of Pr	incipal Empl	yoyer :			ΜΑΧ ΗΟSPITA	L,SHALIMA	R BAGH	
Name and	Father's/Hu	ısband's nar	ne of the w	orkman :	EPF NO UAN NO- ESI NO	RAVI/KALICHA DL/38086 10096672 2016351	/3107 22374	]	_
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 156	7660		
	onth : MAR'2 entification		<b>WA</b> Male	GES S	SLIP				FORM
		Contractor :				DUOS BRAIN M A-40,Pochanpu Sector-23 Dwa	ır Extn., Gal	li No. 1	
Name & A	ddress of es	tt. in/under	which cont	ract is carrie	d on: MAX HO	SPITAL, SHALIMA	-		
Nature and	d location of	work :				Facade Mainte	nance at M	AX HOSPIT	AL,SHALIMA
Name & Ao	ddress of Pr	incipal Empl	yoyer :			ΜΑΧ ΗΟSPITA	L,SHALIMA	R BAGH	
		incipal Empl Isband's nar		orkman :	EPF NO UAN NO- ESI NO	MAX HOSPITA AJAY KUMAR/ DL/38086 10007507 2014240	<b>VIJAY KUI</b> 6/376 77262		
				Spl allowance	UAN NO-	AJAY KUMAR/ DL/38086 10007507 2014240	<b>VIJAY KUI</b> 6/376 77262		
Name and No of Days	Father's/Hu Rate of	No of units worked in case of piece-rate	Dates on which overtime worked	Spl	UAN NO- ESI NO Gross wages	AJAY KUMAR/ DL/38086 10007507 2014240 Deduction,if	VIJAY KUI 5/376 7262 0728 Actually wages	MAR Signature of the contractor or his respresent	

Place : NEW DELHI Date Signature of the Contractor :

			VV A	GES S	SLIP				FORM X
For the mo	onth : MAR'2	2017							[see Rule 78(1)(
Sex and Id	entification	:	Male						
Name and	Address of	Contractor :				DUOS BRAIN M A-40,Pochanpu	r Extn., Ga	li No. 1	
Name & A	ddress of es	tt. in/under	which cont	ract is carrie	d on: MAX HO	Sector-23 Dwar SPITAL, SHALIMA		elhi-110077	
Nature and	d location of	work :				Facade Mainte	nance at N	ΙΑΧ ΗΟSPIT	AL,SHALIMA
Name & A	ddress of Pri	incipal Empl	yoyer :			MAX HOSPITA	L,SHALIMA	R BAGH	
Name and	Father's/Hu	ısband's nar	ne of the w	orkman :	EPF NO UAN NO- ESI NO	DEEPAK/DINE DL/38086 10060580 2015666	/2009 )2905	1	
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		
Place :	NEW DELH	<u> </u>	Data			178 Signature of the	Contracto		
Place.			Date	•		Signature of the		1	
			WA	GES S	SLIP				FORM >
For the mo	onth : MAR'2	2017	WA	AGES S	SLIP				FORM >
	onth : MAR'2		Male	AGES S	SLIP				
Sex and Ide Name and	entification Address of	: Contractor :	Male			DUOS BRAIN M A-40,Pochanpu Sector-23 Dwar	r Extn., Ga rka, New D	li No. 1	[see Rule 78(1)( T SERVICES
Sex and Ide Name and	entification Address of	: Contractor :	Male			A-40,Pochanpu	r Extn., Ga rka, New D	li No. 1	[see Rule 78(1)( T SERVICES
Sex and Ide Name and Name & Ae	entification Address of	: Contractor : tt. in/under	Male			A-40,Pochanpu Sector-23 Dwar	r Extn., Ga rka, New D AR BAGH	li No. 1 elhi-110077	[see Rule 78(1)(
Sex and Ide Name and Name & Ae Nature and	entification Address of ( ddress of es d location of	: Contractor : tt. in/under	Male which cont			A-40,Pochanpu Sector-23 Dwar SPITAL,SHALIMA	r Extn., Ga rka, New D AR BAGH nance at N	li No. 1 elhi-110077 IAX HOSPIT/	[see Rule 78(1)(
Sex and Ide Name and Name & Ae Nature and Name & Ae	entification Address of e ddress of es d location of ddress of Pri	: Contractor : tt. in/under <sup>:</sup> work :	Male which contr yoyer :	ract is carrie		A-40,Pochanpu Sector-23 Dwar SPITAL,SHALIMA Facade Mainter	r Extn., Ga rka, New D AR BAGH nance at M L,SHALIMA RNATH /2547 30977	li No. 1 elhi-110077 IAX HOSPIT/	[see Rule 78(1)(
Sex and Ide Name and Name & Ae Nature and Name & Ae	entification Address of e ddress of es d location of ddress of Pri	: Contractor : tt. in/under work : incipal Empl	Male which contr yoyer :	ract is carrie	d on: MAX HO EPF NO UAN NO-	A-40,Pochanpu Sector-23 Dwar SPITAL,SHALIMA Facade Mainter MAX HOSPITA DEEPAK/AMA DL/38086 10062203	r Extn., Ga rka, New D AR BAGH nance at M L,SHALIMA RNATH /2547 30977	li No. 1 elhi-110077 IAX HOSPIT/	[see Rule 78(1)(
Sex and Ide Name and Name & Ae Name & Ae Name and Name and Name of Days	entification Address of es ddress of es d location of ddress of Pri Father's/Hu Rate of	: Contractor : tt. in/under work : incipal Empl isband's nar sband's nar units worked in case of piece-rate	Male which contr yoyer : ne of the we Dates on which overtime worked	ract is carrie orkman : Spl	d on: MAX HO EPF NO UAN NO- ESI NO Gross wages	A-40,Pochanpu Sector-23 Dwar SPITAL,SHALIMA Facade Mainter MAX HOSPITA DEEPAK/AMA DL/38086 10062203 2015953 Deduction,if	r Extn., Ga rka, New D AR BAGH nance at M L,SHALIMA (2547 30977 3949 Actually wages	li No. 1 elhi-110077 IAX HOSPITA R BAGH Signature of the contractor or his respresent	[see Rule 78(1)(

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