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,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 JUNE, 2017

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	29	30		P	A	W/P	H	TOTAL PAY DAYS	Remarks
1	AJAY 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	P	P		26	0	4	0	30	
2	RAVI	KALICHARAN	M	P	P	P	W/O	P	P	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		9	19	2	0	11	
3	DEEPAK 2368	DINESH	M	P	P	P	W./O	P	P	P	P	P	P	W/O	P	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		11	17	1	0	13	
4	DEEPAK	AMARNATH	M	P	P	P	W/O	P	P	A	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		25	1	4	0	29	
5	GOVIND	UPENDRA THAKUR	M	A	A	A	A	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		23	4	3	0	26	