FORM XVI [See Rule 78(1)(a)(i)]

MUSTER ROLL

Name and Address of Contractor : DUOS BRAIN MANAGEMENT SUPPORT SERVICES

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

A-40,Pochanur Extn, Gali No.1,Sector-23,Dwarka, New Delhi-110077.

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 MAY'2018

| S.N | D. 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 | Р | A | W/P | н | TOTAL PAY DAYS | Remarks |
|-----|------------------|----------------------------|-----|---|---|---|---|---|-----|---|---|---|----|----|----|-----|----|----|----|----|----|----|-----|----|----|----|----|----|----|-----|----|----|----|----|----|---|-----|---|----------------|---------|
| 1 | PAWAN KUMAR | VIJAY KUMAR | м | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | Р | Р | w/o | Ρ | Р | Ρ | Ρ | Ρ | Ρ | W/O | Р | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | 27 | 0 | 4 | 0 | 31 | |
| 2 | DEEPAK | AMARNATH | м | Р | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Р | Ρ | Р | Р | w/o | Р | Р | Р | Р | Ρ | Ρ | w/o | Р | Р | Ρ | Ρ | Ρ | Ρ | w/o | Ρ | Ρ | Ρ | Ρ | 27 | 0 | 4 | 0 | 31 | |
| 3 | RAVI | JAI LAL | М | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | Ρ | Р | W/O | Ρ | Р | Ρ | Ρ | Ρ | Ρ | W/O | Р | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | 27 | 0 | 4 | 0 | 31 | |
| 4 | SAGAR SINGH | RAJENDRA SINGH | м | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | Ρ | Р | W/O | Р | Ρ | Ρ | Ρ | Ρ | Ρ | W/O | Р | Р | Ρ | Ρ | Ρ | Ρ | W/O | Ρ | Ρ | Ρ | Ρ | 27 | 0 | 4 | 0 | 31 | |

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 | EPF No | SI.No in the | e Designation/nat | t No. of | Rate of Wages | | | Amount of Wages Earned | | | | Deduction, if any (indicate nature) | | | | | Net | Signature/Thumb | Date of | |
|-----|--------|-----------------|---------------|---------------|------------------------|-------------------|---------------------|----------------|-------|-------|------------------------|----------------|-----|--|-------------------------------------|-----|------|-----|-----------------|-----------------|-----------------|--------------------------|---------|
| 0 | Code | Father's Name | | ESI No | register of workman | - | 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 | | WA 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 | VIJAY KUI 6/376 77262 | | |
| | | | | Spl allowance | UAN NO- | AJAY KUMAR/ DL/38086 10007507 2014240 | VIJAY KUI 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 d ddress of es d location of ddress of Pri | : Contractor : tt. in/under [:] 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 d 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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