

**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 : JULY'2016

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	31	TOTAL	Remarks
1	AJAY KUMAR	VIJAY KUMAR	M	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	A	P	P		P	P	P	P	P	P		30	
2	DEEPU	PAPU SONY	M	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	P	W/O	31	
3	DEEPAK 2368	DINESH	M	A	P		P	P	A	A	P	P		P	P	P	A	P	P		P	P	P	A	P	P		P	P	P	A	P	P		25	
4	DEEPAK	AMARNATH	M	A	P		P	P	P	P	P	A		P	P	P	A	P	A		P	P	P	P	P	A		P	P	P	P	A	A		23	