

MUSTER ROLL

FORM XVI

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

Name and Address of Contractor : **DUOS BRAIN MANAGEMENT SUPPORT SERVICES**

Name & Address of estt. in/under which contract is carried on: MODI HOSPITAL,SAKET

Name & Address of principal Employer : **MODI HOSPITAL SAKET**

Nature and location of work : **Facade maintenance at MAX SPECIALITY HOSPITAL SAKET CITY,New Delhi-110017.**

for the Month of :**APRIL'2017**

Sl.No.	Name of Workman	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/o	H	Total W.DAY	Remarks
1	ANUJ KUMAR	M	A	A	P	P	P	P	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		5	25	0	0	5		
2	RANJEET YADAV	M	P	w/o	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		25	0	5	0	30		
3	SONU	M	P	w/o	P	P	A	P	P	w/o	P	P	P	P	A	P	w/o	P	P	P	P	P	P	w/o	P	A	A	A	A	A	A		18	8	4	0	22		
4	VIKASH KUMAR	M	P	w/o	P	A	A	A	A	A	A	A	A	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o		18	8	4	0	22		
5	BIRENDRA KUMAR	M	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	P	w/o	P	P	P	P	P	P	w/o		9	19	2	0	11	
6	MD ABID	M	P	w/o	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		25	0	5	0	30		
7	RAJEEV KUMAR	M	P	w/o	P	P	P	P	P	w/o	P	P	A	P	P	P	w/o	P	A	A	P	P	P	w/o	P	P	P	P	P	P	w/o		22	3	5	0	27		