

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: **MAX SPECIALITY HOSPITAL SAKET CITY,New Delhi-110017**

Name & Address of principal Employer :**MAX SPECIALITY HOSPITAL SAKET CITY,New Delhi-110017**

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

FOR THE MONTH OF FEB'2018

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				P	A	w/o	H	Total W.DAY	Remarks
1	MUNNA KUMAR GUPTA	M	P	P	P	w/o	P	P	A	P	P	P	w/o	P	P	P	A	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				22	2	4	0	26	
2	JITENDRA	M	P	P	P	w/o	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A				4	23	1	0	5	
3	KULDDEP	M	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				24	0	4	0	28		
4	JAI KUMAR	M	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				24	0	4	0	28		
5	JHANTU KUMAR JANA	M	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				24	0	4	0	28		
6	SONU	M	P	A	P	w/o	A	P	P	P	P	P	w/o	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				22	2	4	0	26		
7	SULTAN	M	A	A	A	A	A	A	P	P	P	P	w/o	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P				19	6	3	0	22		

REGISTER OF WAGES

FORM- XVII

(See Rule 78(a))

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

Name & Address of estt. in/under which contract is carried on:M/s MAX SMART SUPER SPECIALITY HOSPITAL,SAKET

Name & Address of Principal Employer : **MAX SMART SUPER SPECIALITY HOSPITAL,SAKET**

Nature and location of work : Facade maintenance at SMART SUPER SPECIALITY HOSPITAL,Saket,New Delhi-110017.

Wage period : Monthly...SEP'2016

Sl. No	Emp Code	Name of Workman		Sl.No in the register of workman	Designation/nature of work done	No. of days worked	Rate of Wages			Amount of Wages Earned				Deduction,if any(indicate nature)				Total deduction	Net Amount Paid	Signature/Thumb impression of workmen	Date of Payment
		Father's Name					Basic	HRA	Total	Basic Wages	HRA	Other cash payments(nature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/TDS				
1	2	3		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	DB2756	RAHUL			SUPERVISOR	26	9178	0	9178	7954	0	0	7954	0	140	954	1000	2094	5860		07-Oct-16
2	DB1891	ANUJ KUMAR			CLEANER	12	11000	0	11000	4400	0	250	4650	0	82	528	0	610	4040		07-Oct-16
3	DB1358	WASIM KHAN			CLEANER	30	10140	0	10140	10140	0	0	10140	0	178	1217	0	1395	8745		07-Oct-16
4	DB2208	ARJUN SINGH RAJWAR			RAS	29	10140	0	10140	9802	0	0	9802	0	172	1176	0	1348	8454		07-Oct-16
5	DB383	ALAUDDIN			SUPERVISOR	4	11000	0	11000	1467	0	0	1467	0	26	176	1000	1202	265		07-Oct-16

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : SEP'2016

Sex and Identification : Male

Name and Address of Contractor :

DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn., Gali No. 1
Sector-23 Dwarka, New Delhi-110077

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

Nature and location of work :

Façade maintenance at MODI HOSPITAL,SAKET

Name & Address of Principal Employer :

MODI HOSPITAL,SAKET

Name and Father's/Husband's name of the workman :

RAHUL/SANTOSH KUMAR

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+E SI)	Actually wages paid	Signature of the contractor or his respresen tative
26	9178	0	0	0	7954	954	5860	
						140		

Place : New Delhi

Date :

Signature of the Contractor

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : SEP'2016

Sex and Identification : Male

Name and Address of Contractor :

DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn., Gali No. 1
Sector-23 Dwarka, New Delhi-110077

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

Nature and location of work :

Façade maintenance at MODI HOSPITAL,SAKET

Name & Address of Principal Employer :

MODI HOSPITAL,SAKET

Name and Father's/Husband's name of the workman :

ANUJ KUMAR/TRIBHUVAN PRASAD

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+E SI)	Actually wages paid	Signature of the contractor or his respresen tative
12	11000	0	0	0	4650	528	4040	
						82		

Place : New Delhi

Date :

Signature of the Contractor

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : SEP'2016

Sex and Identification : Male

Name and Address of Contractor :

**DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn., Gali No. 1
Sector-23 Dwarka, New Delhi-110077**

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

Nature and location of work :

Façade maintenance at MODI HOSPITAL,SAKET

Name & Address of Principal Employer :

MODI HOSPITAL,SAKET

Name and Father's/Husband's name of the workman :

WASIM KHAN/DILSHAD

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+E SI)	Actually wages paid	Signature of the contractor or his respresentative
30	10140	0	0	0	10140	1217	8745	
						178		

Place : New Delhi

Date :

Signature of the Contractor

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : SEP'2016

Sex and Identification : Male

Name and Address of Contractor :

**DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn., Gali No. 1
Sector-23 Dwarka, New Delhi-110077**

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

Nature and location of work :

Façade maintenance at MODI HOSPITAL,SAKET

Name & Address of Principal Employer :

MODI HOSPITAL,SAKET

Name and Father's/Husband's name of the workman :

ARJUN RAJWAR/KRIPAL RAJWAR

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+E SI)	Actually wages paid	Signature of the contractor or his respresentative
29	10140	0	0	0	9802	1176	8454	
						172		

Place : New Delhi

Date :

Signature of the Contractor

WAGES SLIP

FORM XIX

[see Rule 78(1)(b)]

For the month : SEP'2016

Sex and Identification : Male

Name and Address of Contractor :

**DUOS BRAIN MANAGEMENT SUPPORT SERVICES
A-40,Pochanpur Extn., Gali No. 1
Sector-23 Dwarka, New Delhi-110077**

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

Nature and location of work :

Façade maintenance at MODI HOSPITAL,SAKET

Name & Address of Principal Employer :

MODI HOSPITAL,SAKET

Name and Father's/Husband's name of the workman :

ALAUDDIN/YUNUS ALI

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 representative
4	11000	0	0	0	1467	176	1265	
						26		

Place : New Delhi

Date :

Signature of the Contractor