

# 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 :**JUNE'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	ARJUN SINGH RAJWAR	M	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	P	P	P	P	P		14	14	2	0	16	
2	MAHENDRA SINGH	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	w/o	P	P	P	P	P		26	0	4	0	30		
3	RANJEET KR YADAV	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	w/o	P	P	P	P	P		26	0	4	0	30		
4	SONU	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	w/o	P	P	P	P	P		26	0	4	0	30		
5	VIKASH KUMAR	M	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	P	P	A	A	A	A	A	A	A	A	A	A	A	A	A		14	14	2	0	16		