

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 :**OCT'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	31	P	A	w/o	H	Total W.DAY	Remarks
1	SONU	M	w/o	H	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	H	P	P	w/o	P	P	P	P	P	P	w/o	P	P	24	0	5	2	31	
2	VIKASH KUMAR	M	w/o	H	P	P	A	P	P	w/o	P	P	A	P	P	P	w/o	P	P	P	H	P	P	w/o	P	P	P	P	P	P	w/o	P	P	22	2	5	2	29	
3	Rajat Chakarborty	M	w/o	H	P	P	P	P	P	w/o	P	P	P	A	P	P	w/o	P	A	P	H	P	P	w/o	P	P	P	A	P	P	w/o	P	P	21	3	5	2	28	
4	KULDDEP	M	w/o	H	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	H	P	P	w/o	P	P	P	P	P	P	w/o	P	P	24	0	5	2	31	
5	MUNNA KUMAR GUPTA	M	w/o	H	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	H	P	P	w/o	P	P	P	P	P	P	w/o	P	P	24	0	5	2	31	
6	RAHUL	M	w/o	H	P	P	P	P	P	w/o	P	P	P	P	P	P	w/o	P	P	P	H	P	P	w/o	P	P	P	P	P	P	w/o	P	P	24	0	5	2	31	