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 Super Speciality HOSPITAL,SAKET

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

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

for the Month of : AUG'2016

Sl.No.	Name of Workman	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	NOOR MOHAMMAD		M	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	P	P	P	31	
2	RAHUL	VINOD SINGH	M	P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	31	
3	AIAUDDIN	DHARAMPAL	M	P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	31	
4	WASIM KHAN	DISHAD	M	P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	31	
5	ARJUN SINGH RAJWAR	KRIPAL SINGH RAJWAR	M	P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	P	P	P		P	P	P	31	