REGISTER OF WAGES

FORM- XVII
(See Rule 78(a) (i))

Name and Address of Contractor: DUOS BRAIN MANAGEMENT SUPPORT SERVICES

A-40,Pochanpur Extn, Gali No.1,Sector-23,Dwarka,

New Delhi-110077.

Nature and location of work : Facade maintenance at RELIANCE ADA,CP

Name & Address of estt. in/under which contract is carried on:RELIANCE ADA,CP

Name & Address of Principal Emplyoyer : RELIANCE ADA,CP

Wage period : Monthly....april'2014

cı.	Emp	Name of Workman	Mother's Name	EPF No	register of	Designation/nat	davs	Rate of Wages			Amount of Wages Earned				Deduction,if any(indicate nature)				Total	Net Amount	Signature/Thumb	Initials of contractor or
		Father's Name		ESI no				Basic	HRA	Total	Basic Wages	HRA	Other cash payments(n ature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/ TDS	deduction		impression of	his respresent- ative
1		2			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	DB051	PINTU KUMAR	SUNITA	DL/38086/486		RAS	23	5136	3424	8560	3811	2540	0	6351	0	112	457	0	569	5782	4629520351343645	7/Apr/14
		JAI KUMAR		2014609773																		
2	DB216	ANIL SINGH NEGI	MANJU DEVI	DL/38086/482		RAS	28	5136	3424	8560	4639	3093	0	7732	0	136	557	0	693	7039	4629520351343355	7/Apr/14
		MOHAR SINGH NEGI		2014314899																		