## **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.....FEBRUARY'2014

cı.		Name of Workman	Mother's Name	EPF No	SI.No in	Designation/natu re of work done	davs	Rate of Wages			Amount of Wages Earned				Deduction,if any(indicate nature)				Total	Net Amount	Signature/Thumb	Initials of contractor or
No	Emp Code	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 workmen	his respresent- ative
1		2			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	DB216	ANIL SINGH NEGI	MANJU DEVI	DL/38086/482		RAS	28	4920	3280	8200	4920	3280	265	8465	0	149	590	0	739	7726	4629520351343355	7/Mar/14
		MOHAR SINGH NEGI		2014314899																		
2	DB984	HEMANT KUMAR	RADHA DEVI	DL/38086/1201		RAS	28	4500	3000	7500	4500	3000	242	7742	0	136	540	0	676	7066	4629520356418632	7/Mar/14
		KISHAN PAL		2015126461																		