REGISTER OF WAGES

FORM- XVII

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

Name & Address of Principal Emplyoyer :

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

Wage period : Monthly.....JANUARY'2014

RELIANCE ADA,CP

c		Emp Code	Name of Workman	Mother's Name	EPF No		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.	Em		Father's Name		ESI No				rked	asic HRA	Total	Basic Wages	HRA	Other cash payments(n ature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/ TDS	deduction Paid		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	21	22	23
1		DB216	ANIL SINGH NEGI	MANJU DEVI	DL/38086/482		RAS	31	4920	3280	8200	4920	3280	265	8465	0	149	590	0	739	7726	4629520351343355	7/Feb/14
			MOHAR SINGH NEGI		2014314899																		
2		DB984	HEMANT KUMAR	RADHA DEVI	DL/38086/1201		RAS	31	4500	3000	7500	4500	3000	484	7984	0	140	540	0	680	7304	4629520356418632	7/Feb/14
			KISHAN PAL		2015126461																		

(See Rule 78(a) (i))