REGISTER OF WAGES

FORM- XVII
(See Rule 78(a) (i)(1)

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 BAANI CORPORATE ONE, JASOLA

Name & Address of estt. in/under which contract is carried on: BAANI CORPORATE ONE, JASOLA

Name & Address of Principal Emplyoyer : BAANI CORPORATE ONE, JASOLA

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

S			Name of Workman	Mother's Name	EPF No	SI.No in the	Designation/n		Rate of Wages			Amount of Wages Earned				Deduction,if any(indicate nature)				Total	Net Amount	Signature/Thumb	Initials of contractor or
N		ode	Father's Name		ESI No	register of workman	ature of work done		Basic	HRA	Total	Basic Wages	HRA	Other cash payments(n ature of Arrears)	Total	LWF	ESI	EPF	ADVANCE/ TDS	Total deduction		impression of workmen	his respresent- ative
1	ı.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	DI	B696	MD PARVEZ	ASRAFI	DL/38086/925		CLEANER	28	4920	3280	8200	4920	3280	265	8465	0	148	590	0	738	7727	4629520351341300	7/Feb/14
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