											Μ	IUS	TEI	R R	OLL																			
										FO	RM X	IVI Se	ee Ru	le-78	3 (1) (a) (I)																		
Nam	ne & Address of Contractor:			M/S B	anza	i Soluti	ons Pri	ivate	Limit	ted., E	3-3, C·	-68, 1	Mang	e Rai	n Con	ıplex,	Maha	avir Vi	ihar, S	ecto	r-1, Dv	varka	, Dell	hi-11(045									
Natu	ure and Location of Work:			Pest C	ontro	ol Serv	ices, S	mart	Max	-Sake	t, Dell	hi																						
Name & Address of Establishment In/ under which contract is carried on :						ealthca	are Inst	itute	Ltd (West	Block) Sa	iket- 1	Pres	s Enc	ave F	Road																	
Nam	ne and Address of Principal Er		M/S Max Healthcare Institute Ltd (West Block) Saket- 1 Press Enclave Road																															
For	the month of March 2023																																	
SI. No	Name of Employee	Father's/Husband's Name	Gender	1 2	2 3	3 4	5	6	7 8	3 9	10	11	12	13	Date		1	18	19 2	20 2	1 22	23	24	25	26 2	27 2	28 2	29 3	30 31	Total No of days/Units Worked	Weekly Off	Holiday	Pay Days	Remark
1	2	3	4	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 3 4 5										6			-	7																
1	Noor Mohd	Mohd Sattar	Male	ΡC	Off F	P	Р	P	PF	P Of	fΡ	Ρ	Ρ	Ρ	ΡF	Of	fΡ	Ρ	Ρ	PF	P	Off	Ρ	Ρ	Ρ	Р	Р	РC	Off A	25	5	0	30	
2	Mohd Jafir	Mohd Mobeen	Male	Off F	P F	P	Р	PI	P C	off P	Ρ	Ρ	Ρ	Ρ	ΡO	ff P	Ρ	Ρ	Ρ	PF	P Of	fΡ	Ρ	Ρ	Р	Р	ΡC	Off I	P P	26	5	0	31	
3	Avinash Kumar Ray	Bachchu Prasad Ray	Male	ΡF		A A	A	A	A F	P	А	А	А	А	A F	P	А	А	A	A	A P	Ρ	А	А	А	А	A	ΡI	P P	11	0	0	11	
	1	-1		1 I			1 I								I	- 1	-	1							I			- 1		62	10	0	72	1