

**FORM -XVI**  
(See Rule 78(2) (a))

**MUSTER ROLL**  
**For the Month of April-2023**

Name and Address of the Contract **INNOVISION LIMITED**

Room No. 201, 2nd Floor, CB202A, Ring Road,  
Naraina, Delhi-110028

Name and Address of the Establishment in/  
under which contract is carried on

**MAX HEALTHCARE INSTITUTE LTD.**  
N - 110, Pnchsheel Park, New Delhi-110017

Name and Address of the Principal Employer :

**MAX HEALTHCARE INSTITUTE LTD.**

Name and Location of Work :- **Security Services,Pnchsheel Park**

Sr.	ID	Name of Employee's	Desi	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	Day	W/O	Total Day	
1	18815	Sanish	S/G	P	WO	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	2	1	3	
2	68975	Nishant Kumar	S/G	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	WO	P	P	P	P	P	26	4	30	
3	81611	Neha Sahare	L/G	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	26	4	30
4	83602	Subodh Kumar	S/G	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	25	5	30
5	83601	Ravi Kumar	S/G	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	25	5	30
6	88017	Priyanka	S/G	P	WO	P	P	P	P	P	P	WO	P	P	P	WO	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	25	5	30
7	100975	Vikash Kumar	S/G	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	A	WO	P	A	P	P	WO	P	P	P	P	P	P	24	4	28	
8	72876	Vipin Kumar	S/G	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	WO	P	P	P	P	P	25	5	30
9	101528	Vikram Singh	S/G	P	P	P	P	P	P	P	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	26	4	30	
<b>TOTAL</b>				<b>9</b>	<b>4</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>204</b>	<b>37</b>	<b>241</b>		

**Innovision Limited**

  
**Authorised Signatory**