

XIX {See Rule 78(1)(b)}	WAGES SLIP	1
	For the month of Apr-23	ID No 18815
UAN No 100768242647	ESI No 3909104500	
Name and Address of the Contractor	INNOVISION LIMITED Room No. 201, 2nd Floor, CB202A, Ring Road, Naraina, Delhi-110028	
Nature and location of work	Security Services, Pnchsheel Park	
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.	
Name of the workmen	Sanish	
1 No of Days worked	3	
2 Rank	S/G	
3 Basic	775	
4 Night Allowance	0	
5 HRA	517	
6 Leave	62	
7 Gross wages payable	1354	
8 Deductions PF	93	
9 ESI	11	
10 LWF	0.00	
11 Actually wages paid	1250	
Place	Date	Signature of the Contractor



XIX {See Rule 78(1)(b)}	WAGES SLIP	2
	For the month of Apr-23	ID No 68975
UAN No 101015529579	ESI No 2017799204	
Name and Address of the Contractor	INNOVISION LIMITED	
Nature and location of work	MAX HEALTHCARE INSTITUTE LTD.	
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.	
Name of the workmen	Nishant Kumar	
1 No of Days worked	30	
2 Rank	S/G	
3 Basic	10075	
4 Night Allowance	0	
5 HRA	6717	
6 Leave	807	
7 Gross wages payable	17599	
8 Deductions PF	1209	
9 ESI	132	
10 LWF	0.00	
11 Actually wages paid	16258	
Place	Date	Signature of the Contractor



XIX {See Rule 78(1)(b)}		WAGES SLIP		3
		For the month of	Apr-23	ID No <u>81611</u>
UAN No	101509549147	ESI No	2018246750	
Name and Address of the Contractor		INNOVISION LIMITED		
Nature and location of work				
Name and address of principal employer		MAX HEALTHCARE INSTITUTE LTD.		
Name of the workmen		Neha Sahare		
1	No of Days worked		30	
2	Rank		L/G	
3	Basic		10075	
4	Night Allowance		0	
5	HRA		6717	
6	Leave		807	
7	Gross wages payable		17599	
8	Deductions PF		1209	
9	ESI		132	
10	LWF		0.00	
11	Actually wages paid		16258	
Place		Date	Signature of the Contractor	



XIX {See Rule 78(1)(b)}		WAGES SLIP		4
		For the month of	Apr-23	ID No <u>83602</u>
UAN No	101263271842	ESI No	2018294079	
Name and Address of the Contractor		INNOVISION LIMITED		
Nature and location of work				
Name and address of principal employer		MAX HEALTHCARE INSTITUTE LTD.		
Name of the workmen		Subodh Kumar		
1	No of Days worked		30	
2	Rank		S/G	
3	Basic		9688	
4	Night Allowance		0	
5	HRA		6459	
6	Leave		776	
7	Gross wages payable		16923	
8	Deductions PF		1163	
9	ESI		127	
10	LWF		0.00	
11	Actually wages paid		15633	
Place		Date	Signature of the Contractor	



XIX {See Rule 78(1)(b)}		WAGES SLIP		5
		For the month of	Apr-23	ID No <u>83601</u>
UAN No	101016794347	ESI No	2018294076	
Name and Address of the Contractor	INNOVISION LIMITED			
Nature and location of work				
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.			
Name of the workmen	Ravi Kumar			
1	No of Days worked		30	
2	Rank		S/G	
3	Basic		9688	
4	Night Allowance		0	
5	HRA		6459	
6	Leave		776	
7	Gross wages payable		16923	
8	Deductions PF		1163	
9	ESI		127	
10	LWF		0.00	
11	Actually wages paid		15633	
Place		Date		Signature of the Contractor



XIX {See Rule 78(1)(b)}		WAGES SLIP		6
		For the month of	Apr-23	ID No <u>88017</u>
UAN No	101389076994	ESI No	2018377235	
Name and Address of the Contractor	INNOVISION LIMITED			
Nature and location of work				
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.			
Name of the workmen	Priyanka			
1	No of Days worked		30	
2	Rank		S/G	
3	Basic		9688	
4	Night Allowance		0	
5	HRA		6459	
6	Leave		776	
7	Gross wages payable		16923	
8	Deductions PF		1163	
9	ESI		127	
10	LWF		0.00	
11	Actually wages paid		15633	
Place		Date		Signature of the Contractor



XIX {See Rule 78(1)(b)}	WAGES SLIP	7
	For the month of Apr-23	ID No <u>100975</u>
UAN No 101437203284	ESI No 2018898481	
Name and Address of the Contractor	INNOVISION LIMITED	
Nature and location of work		
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.	
Name of the workmen	Vikash Kumar	
1 No of Days worked	28	
2 Rank	S/G	
3 Basic	9300	
4 Night Allowance	0	
5 HRA	6200	
6 Leave	745	
7 Gross wages payable	16245	
8 Deductions PF	1116	
9 ESI	122	
10 LWF	0.00	
11 Actually wages paid	15007	
Place	Date	Signature of the Contractor



XIX {See Rule 78(1)(b)}	WAGES SLIP	8
	For the month of Apr-23	ID No <u>72876</u>
UAN No 101653115363	ESI No 2017967625	
Name and Address of the Contractor	INNOVISION LIMITED	
Nature and location of work		
Name and address of principal employer	MAX HEALTHCARE INSTITUTE LTD.	
Name of the workmen	Vipin Kumar	
1 No of Days worked	30	
2 Rank	S/G	
3 Basic	9688	
4 Night Allowance	0	
5 HRA	6459	
6 Leave	776	
7 Gross wages payable	16923	
8 Deductions PF	1163	
9 ESI	127	
10 LWF	0.00	
11 Actually wages paid	15633	
Place	Date	Signature of the Contractor



XIX

{See Rule 78(1)(b)}

WAGES SLIP

9

For the month of **Apr-23**

ID No **101528**

UAN No **101638762353**
Name and Address of the Contractor

ESI No **2018929113**
INNOVISION LIMITED

Nature and location of work
Name and address of principal employer
Name of the workmen

MAX HEALTHCARE INSTITUTE LTD.
Vikram Singh

1	No of Days worked	30
2	Rank	S/G
3	Basic	10075
4	Night Allowance	0
5	HRA	6717
6	Leave	807
7	Gross wages payable	17599
8	Deductions PF	1209
9	ESI	132
10	LWF	0.00
11	Actually wages paid	16258



Place

Date

Signature of the Contractor