

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

**MUSTER ROLL**  
**For the Month of JUNE-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 Location of Work :-

**Security Services,Pnchsheel Park**

Name and Address of the Principal Employer :

**MAX HEALTHCARE INSTITUTE LTD.**

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	68975	Nishant Kumar	S/G	W	P	P	P	P	P	P	P	W	P	P	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	26	4	30
2	81611	Neha Sahare	L/G	P	P	P	P	P	P	P	W	P	P	P	P	P	P	P	W	P	P	P	P	P	P	P	W	P	P	P	P	W	26	4	30	
3	83602	Subodh Kumar	S/G	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	26	4	30	
4	83601	Ravi Kumar	S/G	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	26	4	30	
5	88017	Priyanka	S/G	P	P	P	W	P	P	P	P	P	W	A	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	25	4	29		
6	104033	Varun Dagar	S/G	P	P	P	W	P	P	P	P	P	W	P	P	A	P	P	P	A	P	P	W	P	P	P	P	P	P	W	P	P	24	4	28	
7	72876	Vipin Kumar	S/G	P	A	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	25	4	29	
8	101528	Vikram Singh	S/G	P	P	W	P	P	W	P	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	P	P	26	4	30	
9	104028	Avnish Kumar	S/G																	P													1	0	1	
<b>TOTAL</b>				<b>7</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</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>4</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>205</b>	<b>32</b>	<b>237</b>

**Innovision Limited**

  
**Authorised Signatory**