

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

MUSTER ROLL

For the Month of Mar-2023

Name and Address of the Contracting Party: **INNOVISION LIMITED**

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

Name and Address of the Establishment in/

MAX HEALTHCARE INSTITUTE LTD.

under which contract is carried on

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	31	Day	W/O	Total Day
1	83602	Subodh	S/G	P	P	P	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	P	P	26	4	30
2	83601	Ravi	S/G	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	-	P	P	P	WO	P	P	P	P	P	26	4	30
3	68975	Nishant	S/G	WO	P	P	P	P	P	P	-	WO	P	P	P	-	-	-	-	WO	P	P	P	P	P	P	P	WO	P	P	P	WO	P	21	5	26	
4	81611	Neha Sahare	L/G	P	P	P	P	P	P	WO	-	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	26	4	30
5	88017	Priyanka	L/G	P	P	P	P	WO	P	P	-	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	-	P	P	P	P	P	25	4	29
6	100975	Vikash Kumar	S/G	P	WO	P	P	P	P	P	-	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	25	5	30
7	101528	Vikram	S/G	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	26	0	26
8	72876	Vipin Yadav	S/G	P	P	WO	P	P	-	-	-	-	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	23	4	27	
9	71513	Baliram Kumar	S/G	P	P	P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	0	3
10	18815	Sanish	S/G					P	P	-	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	WO	P	P	P	P	P	P	P	22	3	25	
TOTAL				8	8	8	8	5	7	7	2	7	7	9	4	8	8	7	7	7	9	4	9	9	7	7	8	9	4	8	8	8	8	223	33	256	

Innovision Limited


Authorised Signatory