

Form-XVII

(See Rule 78(1)(a)(ii))

REGISTER OF WAGES

Name and Address of Contractor

INNOVISION LIMITEDName and Address of the Establishment in under/
which contract is carried on**MAX HEALTHCARE INSTITUTE LTD.**

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

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.

For the Month of

FEB-2022

S.N	Emplo yee Code	Name	Rank	P.Days	W/O	Total	Minimum Wages	RATE OF WAGES					EARN WAGES					DEDUCTION IF ANY					Net Salary	Account No
								Basic	Night Allowance	HRA	Leave	Rate	Basic	Night Allowanc e	HRA	Leave	Gross	PF 12%	ESI 0.75%	LWF	Total Deduc ation			
1	92990	Suraj Kumar	S/G	22	2	24	16064	9638	1606	4819	927	16991	8835	1473	4418	850	15576	1,060	117	0.00	1177	14399	51848100008357	
2	68975	Nishant Kumar	S/G	20	4	24	16064	9638	1606	4819	927	16991	8032	1339	4016	772	14159	964	107	0.00	1071	13088	31940845960	
3	81611	Neha Sahare	L/G	24	4	28	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	05002041002307	
4	83602	Subodh Kumar	S/G	24	4	28	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	05002413000147	
5	83601	Ravi Kumar	S/G	24	4	28	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	016210100071980	
6	90135	Tutatu Kumar	S/G	24	4	28	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	18372193000009	
7	90047	Roshni	S/G	24	4	28	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	677802010011565	
		Total		162	26	188	112448	67469	11245	33734	6487	118935	65057	10842	32529	6257	114685	7809	864	0	8673	106012		

Innovision Limited


Authorised Signatory