

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

**MUSTER ROLL**  
**For the Month of MAR-2022**

Name and Address of the Contractor **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	31	W. Day	C/O	W/O	Total
1	92990	Suraj Kumar	S/G	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	27	0	4	31	
2	68975	Nishant Kumar	S/G	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	27	0	4	31	
3	81611	Neha Sahare	L/G	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	A	P	W	P	P	P	P	P	W	P	P	P	P	26	0	4	30	
4	83602	Subodh Kumar	S/G	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	A	P	W	P	P	P	P	P	W	P	P	P	P	26	0	4	30	
5	83601	Ravi Kumar	S/G	P	W	P	P	P	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	26	0	5	31	
6	90135	Tutatu Kumar	S/G	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	W	P	P	P	P	27	0	4	31	
7	90047	Roshni	S/G	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	P	P	27	0	4	31		
				<b>7</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>186</b>	<b>0</b>	<b>29</b>	<b>215</b>	

**Innovision Limited**

  
**Authorised Signatory**