

Form-XVII

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

REGISTER OF WAGESName and Address of Contractor **INNOVISION LIMITED**

Room No. 201, 2nd Floor, CB202A, RingRoad, 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-110017Name and Location of Work **Security Services,Pnchsheel Park**
For the Month of **MAR-2022**

Name and Address of the Principal Employer :

MAX HEALTHCARE INSTITUTE LTD.

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 Allowan ce	HRA	Leave	Gross	PF 12%	ESI 0.75%	LWF	Total Deduc ation		
1	92990	Suraj Kumar	S/G	27	4	31	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	51848100008357
2	68975	Nishant Kumar	S/G	27	4	31	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	31940845960
3	81611	Neha Sahare	L/G	26	4	30	16064	9638	1606	4819	927	16991	9281	1547	4641	892	16361	1,114	123	0.00	1237	15124	05002041002307
4	83602	Subodh Kumar	S/G	26	4	30	16064	9638	1606	4819	927	16991	9281	1547	4641	892	16361	1,114	123	0.00	1237	15124	05002413000147
5	83601	Ravi Kumar	S/G	26	5	31	16064	9638	1606	4819	927	16991	9281	1547	4641	892	16361	1,114	123	0.00	1237	15124	016210100071980
6	90135	Tutatu Kumar	S/G	27	4	31	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	18372193000009
7	90047	Roshni	S/G	27	4	31	16064	9638	1606	4819	927	16991	9638	1606	4819	927	16990	1,157	128	0.00	1285	15705	677802010011565
		Total		186	29	215	112448	67469	11245	33734	6487	118935	66395	11065	33199	6384	117043	7970	881	0	8851	108192	

Innovision Limited
Authorised Signatory