

Form XVI  
MUSTER ROLL  
[See Rule 78(1)(a)(ii)]

<b>Name and Address of Contractor:</b>	ICON Facilitators Pvt.Ltd. C-28, 2Nd Floor, Community Center Janak Puri New Delhi 110058
<b>Nature and Location of Work:</b>	Integrated Facility Management
<b>Name and Address of Principal Employer:</b>	BT (INDIA)PVT.LTD. 11TH FLOOR, EROS CORPORATE TOWER, OPPT. INTERNATIONAL TRADE TOWER , NEHRU PLACE NEW DELHI 110019
<b>Name and Address of Establishment in/ under which Contract is Carried on:</b>	JONES LANG LASALLE BUILDING OPERATIONS PVT. LTD. 12TH FLOOR, TOWER B, DLG CYBER PARK, GURGAON HARYANA 122008

**For the month of :- December -22**

Sl.No	Name Of Employee	Father's/Husband's Name	Gender	Date/Units																												Total No. Of Days/Units Worked	Remarks	
				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
1	DEEPAK KUMAR	RAMESH KUMAR	M	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	31	

Signature of the Contractor  
New Delhi

