

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

Name and Address of Contractor:	ICON Facilitators Pvt.Ltd. C-28, 2Nd Floor, Community Center Janak Puri New Delhi 110058
Nature and Location of Work:	Integrated Facility Management
Name and Address of Principal Employer:	DLF CITY CENTRE MALL , SHALIMAR BAGH NEW DELHI 110038
Name and Address of Establishment in/ under which Contract is Carried on:	CUSHMAN & WAKEFIELD PMSI PVT.LTD. JA 1120-1121, 11TH FLOOR, TOWER A, DLF TOWER JASOLA, JASOLA DISTRICT CENTRE, NEW DELHI-110025

for the month of : December 22

Sl.No	Name Of Employee	Father's/Husband's Name	Gen der	Date/Units																															Total No.of days/uni	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	30	31																											
1	MANOJ YADAV	SHYAM NARAYAN YADAV	M	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	P	P	31																										
2	VIDYASAGAR TIWARI	RAM BHAWAN TIWARI	M	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	P	P	31																										
3	MOHD DANISH	MOHD SALIM	M	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	P	P	31																										
4	NAND KISHOR	BABU LAL	M	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	P	O	P	P	P	P	P	P	P	31																										
5	DHRUPAN KUMAR	SUKHVEER SINGH	M	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	A	O	A	P	P	P	P	P	O	P	P	P	P	29																											
6	BHARATU	PULLA	M	P	P	Left																																																						2	
7	SUNIL KUMAR	HARI SHANKAR	M	P	P	P	P	P	O	P	P	A	A	A	A	O	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	P	27																										
8	SUNNY	SHABHU NATH	M	P	P	P	O	P	P	P	P	O	P	P	P	P	P	P	O	A	P	P	P	P	P	O	P	P	P	P	P	A	A	28																											
9	BRIJESH YADAV	RAJ NAIN	M	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	O	A	A	A	A	A	A	A	P	P	P	P	P	25																											
10	NARENDRA SINGH	HORI LAL	M	O	P	P	P	P	P	O	P	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	P	P	O	P	P	P	P	31																										
11	DAYA RAM	MANOHAR LAL	M	New Joining						P	P	P	P	P	O	P	P	O	P	P	O	P	P	P	P	O	P	P	P	P	P	P	P	P	25																										


 Signature of the Contractor