

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:																THAPAR HOUSE, 124, Janpath Rd, Janpath, Connaught Place,NEW DELHI 110001																			
Name and Address of Establishment in/ under which Contract is Carried on:																CBRE SOUTH ASIA PVT. LTD. PTI BUILDING 4TH PARLIAMENT STREET NEW DELHI NEW DELHI-110025																			
For the month of :-NOVEMBER'2023																																			
Sl.No	Name of Employee	Father's/Husband's Name	Gender	Date/Units																														Total No.Of Days/Units	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		
1	VEERU KUMAR	LATE HEERA LAL	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	30	
2	ANUJ TIWARI	RAMESH CHANDRA	Male	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	30	
3	AWADHESH YADAV	RAM ADHAR YADAV	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	30	
4	NIRAJ KUMAR	BALDEV SINGH	Male	P	P	P	OFF	P	P	P	P	P	P	OFF	P	A	A	A	A	A	A	A	A	A	A	A	P	OFF	P	P	P	P	P	19	
5	PANNELAL	SHREEPATI YADAV	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	30	
6	SATENDRA KUMAR	RAMAKANT	Male	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	P	OFF	P	P	P	P	P	30	
7	SANJAY SHARMA	HAWALDAR SHARMA	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	30	
8	PUJA SANTRA	TAPAN SANTRA	Female	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	30	
9	SURBHI SHARMA	RAMESH KUMAR	Female	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	A	P	P	P	29	
10	CHETNA NARULA	SANDEEP NARULA	Female	NEW		P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	28	

Signature of the Contractor

