

Form XVI

MUSTER ROLL

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

Name and Address of Contractor:	ICON Facilitators Limited. C-28, 2Nd Floor, Community Center Janak Puri New Delhi 110058
Nature and Location of Work:	Integrated Facility Management at New Delhi
Name and Address of Principal Employer:	SHREE MAHAVIRJI TRUST
Name and Address of Establishment in/ under which Contract is Carried on:	DLF FOUNDATION DELHI, MCD PARK, WARD NO-86, SOUTH ZONE, W BLOCK GREATER KAILASH NEW DELHI-110048

For the month of :- NOV'2024

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	30
1	SAROJ DEVI	HUBBA LAL	Female	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	30		
2	PRAMOD KUMAR	OM PRAKASH	Male	P	P	OFF	A	P	P	P	P	P	OFF	A	A	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	27		
3	MONU 1	KALI CHARAN	Male	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	30		
4	HARIOM	KALICHARAN	Male	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	P	OFF	P	30	
5	RAHUL	SUDAN SINGH	Male	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	30		

Signature of the Contractor

