

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:	AJAY ENTERPRISES PRIVATE LIMITED,VISHAL CINEPLEX , RAJOURI GARDEN, NEW DELHI-110027
Name and Address of Establishment in/ under which Contract is Carried on:	AJAY ENTERPRISES PRIVATE LIMITED,VISHAL CINEPLEX , RAJOURI GARDEN, NEW DELHI-110027

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	DALIP SINGH RAWAT	LATE CHET SINGH RAWAT	Male	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	30	
2	MAUNENDRA KUMAR	RAMPRAKASH SHARMA	Male	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	30		
3	OM PRAKASH	NOT RAM	Male	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	30	
4	GANESH CHANDRA PARIDA	MAHESWAR PARIDA	Male	P	A	P	A	P	WO	P	P	P	P	A	P	WO	P	P	P	P	P	P	WO	P	P	A	A	A	P	WO	A	P	P	23	
5	PRAMOD KUMAR	SITA RAM	Male	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	2	
6	ARVIND VERMA	RAMESH VERMA	Male	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	30	
7	SUMIT KUMAR	SHIV SINGH	Male	P	P	P	WO	P	P	P	P	P	P	WO	A	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	29		
8	SATYAM PRAJAPATI	RAJIV PRAJAPATI	Male	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	A	A	A	P	P	27		
9	GAURISHANKAR KUMAR	YOGENDRA SAH	Male	P	P	P	P	P	P	WO	P	P	A	A	A	P	WO	P	P	P	A	P	P	WO	P	P	P	P	P	P	WO	P	P	26	
10	SHIVAM SHARMA	SANJAY SHARMA	Male	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P/2	P	P	P	29.5		
11	NITIN PAL	KRISHAN PAL	Male	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	30		
12	YOGESH KUMAR	MOTI LAL	Male	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	30	
13	KAPIL BIDHURI	RAJENDRA BIDHURI	Male	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	30	

Signature of the Contractor

