

**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>	SHREE MAHAVIRJI TRUST
<b>Name and Address of Establishment in/ under which Contract is Carried on:</b>	DLF FOUNDATION DELHI, MCD PARK, WARD NO-86, SOUTH ZONE, W BLOCK GREATER KAILASH NEW DELHI-110048

**For the month of :- JUNE'2024**

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

Signature of the Contractor

