

**FORM XVII**

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

**Register of Wages**

Wage Period: **March-21**

Name & Address of Contractor : **M/s Ujjwal Enterprises, 611, Joshi Road, Karol Bagh, New Delhi-110005**

Nature & Location of Work : **Photocopy / Delhi**

Name & Address of establishment : **M/s Ujjwal Enterprises, 611, Joshi Road, Karol Bagh, New Delhi-110005**

Nature & Address of Principal Employer : **BLK Hospital**

under which contract is carried on

**Pusa Road, New Delhi-110005**

S. No.	S.No. in the register of workmen employed by	Name of Employee	Father's Name	ESI No	UAN Number	Designation	Monthly Days	Wage Rate				Of Days	Holidays	Working Days	Units of Work Done	Piece Rate	Basic	HRA	Spl Allow	Leave Salary	Amount of Wages		Deductions			Total Deduction	Net Amount Paid	Place of Payment	Signature / thumb impression of workman	Bank Account / Cheque No.
								Basic	HRA	Spl Allow	Total										Arrears	Total	ESIC	EPF	Adv					
1	2141	TARUN KUMAR	SH KEMCHAND	1114833999	100911041171	PHOTOCOPY	27	11,950	5,119	-	17,069	-	-	24	24	-	10,622	4,550	-	531	-	15,703	118	1,275	-	1,393	14,310	Delhi	Bank Transfer	3539915878 CBIN0282443
<b>T O T A L</b>														24	-	10,622	4,550	-	531	-	15,703	118	1,275	-	1,393	14,310				

**TRUE**