



**FORM XVII**

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

**Register of Wages**Wage Period: **September-21**Name & Address of Contractor : **M/s Ujjwal Enterprises, 611, Joshi Road, Karol Bagh, New Delhi-110005**

Nature &amp; Location of Work

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

Nature &amp; Address of Principal Employer

: **Sir Ganga Ram City Hospital**

under which contract is carried on

**B-1/1,N.E.A.Pusa Road,New Delhi-110060**

S. No.	S.No. in the register of workmen employed by	Name of Employee	Father's Name	ESI No	PF No	Designation	DOJ	DOB	Monthly Days	Wage Rate			Off Days	Holidays	Working Days	Units of Work Done	Piece Rate	Basic	HRA	Amount of		Deductions			Total Deduction	Net Amount Paid	Place of Payment	Signature / thumb impression of workman	Bank Account / Cheque No.
										Basic	HRA	Total								Arrears	Total	ESIC	EPF	Adv					

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**TRUE**