ages

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

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

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

under which contract is carried on

Nature & Location of Work

: Office Boy-3/ Delhi

Wage Period: December-20

Nature & Address of Principal Employer

: BLK Hospital

Pusa Road, New Delhi-110005

under	under which contract is carried on																											
	S.No. in	Name of Employee	Father's Name		UAN Number Designation	a s		Wage R				ø	rk	4)				Ţ.	Amount of Wages		Deductions		S	g.	Ħ	Signature / thum	.b	
. No.				SI No		Designatio	Basic	HRA	Other Allow.	Total	Off Days	Holidays	Working Day	Units of Wo Done	Piece Rate	Basic	HRA	Other Allov	Leave Salar	Arrears	Total	ESIC	EPF	Adv	Total Deducti	Net Amour Paid	Place of Page workman impression of	Bank Account Cheque No.
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