Wage Period: January-22

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

Nature & Location of Work

Nature & Address of Principal Employer

: BLK Hospital Pusa Road, New Delhi-110005

: Nursing GDA / Delhi

under which contract is carried on	
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S.No					er	= s		Wage					rk	- 0			:	È	Amount of Wages		Deductions		IS	u o	ıţ	ent	Signature / thumb	75	
S. No.	the registe of workmen employed by	Name of Employee	Father's Name	ESI No	mN N.	Monthly Day	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 Payme	impression of workman	Bank Account Cheque No.
1	5086	MD HAIDAR ALI	MD MUSTAFA KAMAL	1115649114	99 1	26	11,140	4,924	-	16,064	-	-	13	13	-	5,570	2,462	-	279	-	8,311	63	668	-	731	7,580	Delhi	Bank Transfer	520101257697416 UBIN0915386
	ТО	T A L												13	-	5,570	2,462	-	279		8,311	63	668	-	731	7,580			

