Form XVI
[See Rule 78(1) (a)(ii)]

MUSTER ROLL

Name and Address of Contractor SHARDA SABUJ HOSPITALITIES PVT LTD FEB-21
Nature and Location of Work CB-190 IST FLOOR NARAINA RING ROAD NEW DELHI-110028
Name & Address of Establishment in/under which Contract is Carried on
Name and Address of Principal Employer C/O SANT PARMANAND HOSPITAL KITCHEN

for the month of FEB-2021

For Shradha Sabuj Hospitalities Pvt. Ltd.
Authorised Signatory

Sl. No.	Name of workman	Father's / Husband's Name	Sex	Dates 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	31	Remarks
01	PRADEEP KUMAR	RAJA RAM	M	P	P	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	P	/	—	—	—	28
02	PADAM RAJ JOSHI	PARMANAND JOSHI	M	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	—	—	—	—	28
03	PANKAJ CHAUDHARY	DESHRAJ CHAUDHARY	M	P	P	P	/	P	P	P	P	P	P	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	—	—	—	—	—	28
04	KHEMRAJ THAPA	SH THAPA	M	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	P	/	P	P	—	—	—	—	—	28
05	~~KHEMRAJ~~ KHEMRAJ JOSHI	DEVI DUTT JOSHI	M	P	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	/	P	P	—	—	—	—	—	28
06	DEV SINGH	RAM LAL	M	/	P	P	P	P	P	P	/	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	P	P	—	—	—	—	28
07	PARMOD KUMAR	SUNDER LAL	M	P	/	P	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	P	/	P	P	P	P	P	—	—	—	—	—	28

For Shradha Sabuj Hospitalities Pvt. Ltd.
Authorised Signatory

Authorised Signatory
For Shradha Sabuj Hospitalities Pvt. Ltd.