

Form XVI																																				
MUSTER ROLL																																				
[See Rule 78(1)(a)(ii)]																																				
Name and Address of Contractor:															ICON Facilitators Limited. C-28, 2Nd Floor, Community Center Janak Puri New Delhi 110058																					
Nature and Location of Work:															Integrated Facility Management at New Delhi																					
Name and Address of Principal Employer:															SHREE MAHAVIRJI TRUST																					
Name and Address of Establishment in/ under which Contract is Carried on:															DLF FOUNDATION DELHI, MCD PARK,WARD NO-86,SOUTH ZONE, W BLOCK GREATER KAILASH NEW DELHI-110048																					
For the month of :- JAN'2025																																				
SlNo	Name of Employee	Father's/Husband's Name	Gender	Date/Units																												Total No. Of Days/Units Worked	Remarks			
				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
1	SAROJ DEVI	HUBBA LAL	Female	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	31	
2	PRAMOD KUMAR	OM PRAKASH	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	A	P	P	P	30		
3	MONU 1	KALI CHARAN	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	31		
4	HARIOM	KALICHARAN	Male	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	31		
5	RAHUL	SUDAN SINGH	Male	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	P	P	OFF	P	P	P	P	31		

Signature of the Contractor

