

**MUSTER ROLL**

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

Name and Address of Contractor: **Randstad India Pvt. Ltd, Ground Floor,copia corporate suites ,Jasola District center ,Jasola vihar, New Delhi - 110025**  
 Nature and Location of Work: **support services**  
 Name and Address of Principal Employer: **M/s. CP Wholesale India Private Limited,Station Box,Metro station ,Netaji Subhash Place,Pitampura,New Delhi -110034**  
 Name and Address of Establishment in/ under which Contract is Carried on: **M/s. CP Wholesale India Private Limited,Station Box,Metro station ,Netaji Subhash Place,Pitampura,New Delhi -110034**

For the Month of 10th April 22 to 9th May 22

Sl. No	Emp code	Name Of Employee	Gender	Date / Units																												Total No of days/Units Worked	Remakrs	
				10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7			8
1	1556391	Farjand Khan	Male	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	A	P	A	P	P	P	WO	P	31	joining date 1-Apr-22
2	1556389	Kanwarpal Pal Singh	Male	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	SL	SL	EL	EL	WO	P	31	1-Apr-22
3	1556042	Rohit Kumar	Male	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	CL	P	P	WO	P	31	1-Apr-22
4	1556141	Navin Chandra	Male	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	31	4-Apr-22
5	1556043	Anuj Singh	Male	WO	P	P	A	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	31	4-Apr-22

Wo-weekly off                      H-Holiday  
 L-Approved CL/SL/EL            LWP-Loss of pay  
 CO-compensatory off            A-Loss of pay

