

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: **CP Wholesale India Private Limited, LOTS Wholesale Solutions,Metro Station Box, Netaji Subhash Place Metro,New Delhi, 110034**
 Name and Address of Establishment in/ under which Contract is Carried on: **CP Wholesale India Private Limited, LOTS Wholesale Solutions,Metro Station Box, Netaji Subhash Place Metro,New Delhi, 110034**

For the Month of 10th Aug 22 to 9th Sep 22

Sl. No	Emp code	Name Of Employee	Gender	Date / Units																										Total No of paid days	Remakrs						
				10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4			5	6	7	8	9	
1	1480720	Mahendra Kumar	M	P	P	P	P	WO	H	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	CO	P	P	P	30		
2	1481134	Amit Pandey	M	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	P	CO	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	30	
3	1480805	Sunny	M	WO	P	P	P	P	H	P	WO	P	P	P	P	P	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	SL	WO	P	P	30		
4	1485181	Brijesh	M	P	WO	P	P	P	H	P	P	WO	P	P	P	P	P	P	P	P	P	P	P	CO	P	WO	P	P	P	P	P	P	P	WO	P	30	

Wo-weekly off
 CL-Casual leave, SL-Sick Leave
 CO-compensatory off
 EL-Earned Leave
 H-Holiday
 A-Loss of pay

