

| Form "XXI "                              |                | REGISTER OF FINE         |                                    | ( see Rule 78 (1)(a)(ii))                                                                |                                                             |                                                                  |              |      |        |                             |
|------------------------------------------|----------------|--------------------------|------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|--------------|------|--------|-----------------------------|
| Name And Address of Contractor           |                |                          |                                    | SNOWHILL RAINBOW PVT.LTD N- 304 Mangol puri New Delhi - 110083                           |                                                             |                                                                  |              |      |        |                             |
| Location Of Work -                       |                |                          |                                    | DLF Tower A&B Jasola                                                                     |                                                             |                                                                  |              |      |        |                             |
| Name and address of Principal EMPLOYER - |                |                          |                                    | C & W PMSI PVT LTD<br>JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |                                                             |                                                                  |              |      |        |                             |
| SL NO                                    | NAME           | Father's/ husband's Name | Nature Of Employment / Designation |                                                                                          | whether work showed cause against fine not if so enter Date | Name of Person in whose Presence Employees Expianation was Heard | RTE Of Wages | Date | amount | Date on which Fine Realised |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          | <b>NO FINE</b> |                          | <b>FOR THE MONTH OF NOV.,2019</b>  |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |
|                                          |                |                          |                                    |                                                                                          |                                                             |                                                                  |              |      |        |                             |

*Jasola*

