

|                                          |                                                              | <b>FORM XX</b>               |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
|------------------------------------------|--------------------------------------------------------------|------------------------------|---------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------|----------------------|---------------------|-----------------|
|                                          |                                                              | [See Rule 78(1) (a) (ii)]    |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
| REGISTER OF DEDUCTION FOR DAMAGE OR LOSS |                                                              |                              |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
|                                          |                                                              |                              |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
| Name And Address of Contractor           |                                                              |                              |                                 | SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083                          |                                                                                |                                                                                   |        |                      |                     |                 |
| Location Of Work -                       |                                                              |                              |                                 | DLF TOWER SHIVAJI MARG NEW DELHI                                                         |                                                                                |                                                                                   |        |                      |                     |                 |
| 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/<br>husband's Name | Damage Or<br>Loss<br>Particlars | Damage<br>Or Loss<br>Date                                                                | Whether<br>Workman<br>Showed cause<br>against<br>Deduction if<br>so Enter Date | Name Of Person<br>in Whose<br>Presence<br>Employee,s<br>Explannation<br>was Heard | Amount | No of<br>Instalments | First<br>Instalment | Last Instalment |
|                                          | NO DEDUCTION FOR DAMAGE OR LOSS FOR THE Month of Sept., 2020 |                              |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
|                                          |                                                              |                              |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |
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|                                          |                                                              |                              |                                 |                                                                                          |                                                                                |                                                                                   |        |                      |                     |                 |

Jasola

