

| FORM XX                                                                                                                         |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|---------------------------------|---------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------|----------------------|---------------------|--------------------|---------|
| [See Rule 78(1) (a) (III)]                                                                                                      |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
| 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 - Prime Tower, Okhla, New Delhi.                                                                               |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
| Name and address of Principal EMPLOYER - C & W PMSI PVT LTD. JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
| SL NO                                                                                                                           | NAME                                                       | Father 's/<br>husband's Name | Damage<br>Or Loss<br>Particlars | Damage<br>Or Loss<br>Date | Whether<br>Workman<br>Showed<br>cause<br>against<br>Deduction if<br>so Enter<br>Date | Name Of<br>Person in<br>Whose<br>Presence<br>Employee,<br>s<br>Explannati<br>on was<br>Heard | Amount | No of<br>Instalments | Date of Recovery    |                    | Remarks |
|                                                                                                                                 |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      | First<br>Instalment | Last<br>Instalment |         |
|                                                                                                                                 |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
|                                                                                                                                 | NO DEDUCTION FOR DAMAGE OR LOSS FOR THE Month of Oct.,2020 |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |
|                                                                                                                                 |                                                            |                              |                                 |                           |                                                                                      |                                                                                              |        |                      |                     |                    |         |

