|  | 1  | T                |              | Ī  | T                     | 1                 | 1      | 1          | Ī          |            |
|--|--|------------------|--------------|--|-----------------------|-------------------|--------|------------|------------|------------|
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              | FRO  |                       |                   |        |            |            |            |
|  |  |                  | [:           | See Rule 7   | 8(1) (a) (ii)]        |                   |        |            |            |            |
|  | REGISTER OF DEDUCTION FOR DAMAGE OR LOSS   |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
| Name                                     | And Addres   | s of Contractor  |              | SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083    |                       |                   |        |            |            |            |
| Locatio                                  | on Of Work   | DLF EMPORIO MALL | . VASANT KUI | NJ NEW DEI   | _HI -110070           |                   |        |            |            |            |
| Name and address of Principal EMPLOYER - |  |                  | C & W PMS    | SI PVT LTD   |                       |                   |        |            |            |            |
|  |  |                  |              | JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |                       |                   |        |            |            |            |
| SL NO                                    | NAME   | Father 's/       | Damage Or    | Damage   | Whether Workman       | Name Of Person in | Amount | No of      | First      | Last       |
|  |  | husband's Name   | Loss         | Or Loss  | Showed cause against  | Whose Presence    |        | Instalment | Instalment | Instalment |
|  |  |                  | Particlars   | Date   | Deduction if so Enter | Employee,s        |        | S          |            |            |
|  |  |                  |              |  | Date                  | Explannation was  |        |            |            |            |
|  |  |                  |              |  |                       | Heard             |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  | No deduction, damages or loss reported at this site for the month of Oct., 2021. |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        |            |            |            |
|  |  |                  |              |  |                       |                   |        | 180        | In         |            |
|  | _  |                  |              |  |                       |                   |        | 1081MBC    | 12         |            |
|  |  |                  |              |  |                       |                   |        | (F) (A)    | (-) (-up   |            |
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