

|                                          |                                                                                         |                              | <b>FROM XX</b>                                                     |                           |                                                                          |                                                                                |        |                          |                     |                    |
|------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------|--------------------------|---------------------|--------------------|
|                                          |                                                                                         |                              | <b>[See Rule 78(1) (a) (ii)]</b>                                   |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          | <b>REGISTER OF DEDUCTION FOR DAMAGE OR LOSS</b>                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
| Name And Address of Contractor           |                                                                                         |                              | SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083    |                           |                                                                          |                                                                                |        |                          |                     |                    |
| Location Of Work                         |                                                                                         |                              | DLF EMPORIO MALL VASANT KUNJ NEW DELHI -110070                     |                           |                                                                          |                                                                                |        |                          |                     |                    |
| 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 Or<br>Loss<br>Particlars                                    | Damage<br>Or Loss<br>Date | Whether Workman<br>Showed cause against<br>Deduction if so Enter<br>Date | Name Of Person in<br>Whose Presence<br>Employee,s<br>Explannation was<br>Heard | Amount | No of<br>Instalmen<br>ts | First<br>Instalment | Last<br>Instalment |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          | <b>No deduction, damages or loss reported at this site for the month of Aug., 2021.</b> |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |
|                                          |                                                                                         |                              |                                                                    |                           |                                                                          |                                                                                |        |                          |                     |                    |

