|  |                  |                     |                    |                 | <b>FORM</b>   | XX  |            |             |                     |                    |         |
|--|------------------|---------------------|--------------------|-----------------|---|---|------------|-------------|---------------------|--------------------|---------|
|  |                  |                     |                    | ]               | See Rule 78(1)  | ) (a) (ii)]   |            |             |                     |                    |         |
|  | REGISTER OF DEDU | CTION FOR DAMAGE (  | OR LOSS            |                 |   |   |            |             |                     |                    |         |
| Name And Address of Contractor SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083 |                  |                     |                    |                 |   |   |            |             |                     |                    |         |
| Location Of Work - Jasola Tower A & B  |                  |                     |                    |                 |   |   |            |             |                     |                    |         |
| Name and address of Principal EMPLOYER - C & W PMSI PVT LTD                                    |                  |                     |                    |                 |   |   |            |             |                     |                    |         |
|  |                  |                     |                    | JA -1120-1      | l121 - 11TH F   | LOWER DIS   | TT. CENTER | JASOLA NEW  | DELHI -11002        | 5                  |         |
| SL NO  | NAME             | Father 's/          | Damage Or          | Damage          | Whether   | Name Of   | Amount     | No of       | Date of Recovery    |                    |         |
|  |                  | husband's Name      | Loss<br>Particlars | Or Loss<br>Date | Workman<br>Showed<br>cause<br>against<br>Deduction if<br>so Enter<br>Date | Person in<br>Whose<br>Presence<br>Employee,<br>s<br>Explannati<br>on was<br>Heard |            | Instalments | First<br>Instalment | Last<br>Instalment | Remarks |
|  | No dec           | luction for damages | or loss repo       | orted at th     | is site for th  | e month of  | Dec., 202  | 1.          |                     |                    | THE WAY |