

**FORM XXI**

[ see Rule 78 (1)(a)(ii)]

**REGISTER OF FINE****Name And Address of Contractor** SNOWHILL RAINBOW PVT.LTD N- 304 Mangol puri New Delhi - 110083**Location Of Work -** DLF TOWER Promenade Mall Vasant Kunj 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/ husband's Name | Nature Of Employment / Designation |  | whether work showed cause against fine not if so enter Date | Name of Person in whose Presence Employees Expiation was Heard | RTE Of Wages | Date | amount | Date on which Fine Realised |
|-------|-----------------------------------------------------------|--------------------------|------------------------------------|--|-------------------------------------------------------------|----------------------------------------------------------------|--------------|------|--------|-----------------------------|
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       | No fine reported at this site for the month of April-2022 |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |
|       |                                                           |                          |                                    |  |                                                             |                                                                |              |      |        |                             |

