					FORM	XX				
					[See Rule 78(					
				BEC12.		ION FOR DAMAGE				
Name aı	nd address of Cor	ntractor :Snowhill Rainbow	Pvt Ltd N- 304				L ON LOSS			
		f work : Horticulture a								
		tablishment in /under wl		_	_	TD DI F Tower Jasola	2			
		principal employer :- (								
	NAME	Father 's/	Damage Or		Whether	Name Of Person	Amount	No of	First	Last Instalment
JL NO	IVAIVIL	husband's Name	Loss	Or Loss Date	Workman Showed cause	in Whose	Amount	Instalments	Instalment	Last instantien
			i di ticidi 3	bate	against Deduction if	Employee,s Explannation				
					so Enter Date	was Heard				
		NO DEDUCTION FO	R DAMAGE (	DR LOSS re <sub>l</sub>		te for the month	of MAY.2022	2		
				20	shal	(*Sno	D WALL RA			
			,	Ja	swal		d west			