FORM XX [See Rule 78(1) (a) (ii)]												
Name A	and Address of (304 Mangol	puri New De	hi - 110083			
ocatio.	n Of Work -	JR Sood & Co. Pvt. Lt	:d-Delhi (JR S	Sood & Co. I	Pvt. Ltd-Delhi)						
lame ar	nd address of Prin	ncipal EMPLOYER -		C & W PMS	SI PVT LTD							
				JA -1120-1	121 - 11TH F	LOWER DIST	T. CENTER J	ASOLA NEW D	ELHI -110025			
SL NO	NAME	Father 's/ husband's	Damage Or	Damage Or	Whether	Name Of	Amount	No of	Date of Recovery			
		Name	Loss Particlars	Loss Date	Workman Showed cause against Deduction if so Enter Date	Employee,s		Instalments	First Instalment	Last Instalment	Remark	
	No c	deduction for damag	es or loss r	eported at	t this site for	the month	of May.20)22				

