

| <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Form "XXII "</span> <span>REGISTER OF ADVANCES</span> <span>[ see Rule 78 (1)(a)(III)]</span> </div>                                                                                                                                                                                       |                                                                    |                              |                                          |                                      |                                          |                                         |                                                             |                    |                                                     |        |
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| <p><b>Name And Address of Contractor : SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083</b></p> <p><b>Nature and Location of work :horticulture services At DLF City Center Mall.- Shalimar Bagh, New Delhi</b></p> <p><b>Name and address of Principal EMPLOYER -C&amp; W PMSI PVT LTD. JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025</b></p> |                                                                    |                              |                                          |                                      |                                          |                                         |                                                             |                    |                                                     |        |
| SL NO                                                                                                                                                                                                                                                                                                                                                                              | NAME                                                               | Father ,s/ husband,s<br>Name | Nature Of<br>Employment /<br>Designation | Wage Period<br>and wages<br>/payable | Date and<br>amount of<br>advance<br>give | Purpose (s)<br>which<br>advance<br>Made | No Of<br>Instalments<br>by which<br>advance to be<br>repaid | Date and<br>amount | Date and<br>Amount Last<br>Instalment<br>was repaid | Remark |
| 1                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                              |                                          |                                      |                                          |                                         |                                                             |                    |                                                     |        |
| 2                                                                                                                                                                                                                                                                                                                                                                                  | <b>No advance reported at this site for the month of June-2022</b> |                              |                                          |                                      |                                          |                                         |                                                             |                    |                                                     |        |
| 3                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                              |                                          |                                      |                                          |                                         |                                                             |                    |                                                     |        |
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