					FORM	XX					
					[See Rule 78	(2) (d)]					
						ION FOR DAMAGE	OR LOSS				
Name ar	nd address of Contra	actor :Snowhill Rainbow	Pvt Ltd N- 304	Mangol Puri	New Delhi -110083						
Nature	and location of v	vork : Horticulture a	t DLF Shivaji N	Marg, Moti	Nagar						
Name a	ind address of estab	olishment in /under wl	hich contract is	carried on	:C&W PMSI PVT L	TD DLF Tower Jasola	l				
Name :	and address of pr	incipal employer :- 0	&W PMSI Pv	t. Ltd at D	LF Jasola Tower	A & B New Delhi					
SL NO	NAME	Father 's/ husband's Name		Or Loss Date	Workman Showed cause against Deduction if so Enter Date	Employee,s Explannation was Heard		No of Instalments	First Instalment	Last Instalmer	
		NO DEDUCTION FO	JR DAIWAGE (	JK LOSS FE	ported at this si	te for the month	or iviarch2	.023	(2) PA	and I	
									WS WS		