

| Form "XXI "                                                                                                                       |      | REGISTER OF FINE            |                                          |  | [See Rule 78 (2) (d)]                                                |                                                                                    |  |      |        |                                |
|-----------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|------------------------------------------|--|----------------------------------------------------------------------|------------------------------------------------------------------------------------|--|------|--------|--------------------------------|
| Name And Address of Contractor SNOWHILL RAINBOW PVT.LTD N- 304 Mangol puri New Delhi - 110083                                     |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
| Location Of Work - Jasola Tower A&B                                                                                               |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
| Name and address of Principal EMPLOYER - C & W PMSI PVT LTD<br>JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
| SL NO                                                                                                                             | NAME | Father's/<br>husband's Name | Nature Of<br>Employment /<br>Designation |  | whether work<br>showed cause<br>against fine not<br>if so enter Date | Name of<br>Person in<br>whose<br>Presence<br>Employees<br>Expianation<br>was Heard |  | Date | amount | Date on which<br>Fine Realised |
|                                                                                                                                   |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
|                                                                                                                                   |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
| No fine reported at this site for the month of May.-2023                                                                          |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
|                                                                                                                                   |      |                             |                                          |  |                                                                      |                                                                                    |  |      |        |                                |
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