

| <b>FORM XX</b>                                                                                                                  |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|---------------------------------|---------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------|----------------------|---------------------|--------------------|---------|
| [See Rule 78 (2) (d)]                                                                                                           |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
| <b>REGISTER OF DEDUCTION FOR DAMAGE OR LOSS</b>                                                                                 |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
| Name And Address of Contractor : SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083                                |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
| Location Of Work - Prime Tower, Okhla, New Delhi.                                                                               |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
| Name and address of Principal EMPLOYER - C & W PMSI PVT LTD. JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
| SL NO                                                                                                                           | NAME                                                                              | Father 's/<br>husband's Name | Damage Or<br>Loss<br>Particlars | Damage<br>Or Loss<br>Date | Whether<br>Workman<br>Showed<br>cause<br>against<br>Deduction if<br>so Enter<br>Date | Name Of<br>Person in<br>Whose<br>Presence<br>Employee,s<br>Explannation<br>was Heard | Amount | No of<br>Instalments | Date of Recovery    |                    | Remarks |
|                                                                                                                                 |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      | First<br>Instalment | Last<br>Instalment |         |
|                                                                                                                                 |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
|                                                                                                                                 | No Deduction For Damage OR Loss Reported at this site for the Month of June.-2023 |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
|                                                                                                                                 |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |
|                                            |                                                                                   |                              |                                 |                           |                                                                                      |                                                                                      |        |                      |                     |                    |         |