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|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------|----------------------|---------------------|--------------------|
|                                                                                                             |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
| <b>FROM XX</b>                                                                                              |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
| <b>[See Rule 78 (2) (d)]</b>                                                                                |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
| <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 - At DLF Tower Shivaji Marg New Delhi                                                      |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
| Name and address of Principal EMPLOYER - JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025 |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
| SL NO                                                                                                       | NAME                                                                    | Father 's/<br>husband's<br>Name | Damage Or<br>Loss<br>Particlars | Damage<br>Or Loss<br>Date | Whether<br>Workman<br>Showed cause<br>against<br>Deduction if so<br>Enter Date | Name Of<br>Person in<br>Whose<br>Presence<br>Employee,s<br>Explannation<br>was Heard | Amount | No of<br>Instalments | First<br>Instalment | Last<br>Instalment |
|                                                                                                             |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
|                                                                                                             | No Deduction for Damage or Loss at this site For the Month of Oct.-2023 |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
|                                                                                                             |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |
|                          |                                                                         |                                 |                                 |                           |                                                                                |                                                                                      |        |                      |                     |                    |