|  |   |            |  |                    |                | I             |             |           |            | 1               |
|--|---|------------|--|--------------------|----------------|---------------|-------------|-----------|------------|-----------------|
|  |   |            |  |                    |                | <u> </u>      |             |           |            |                 |
|  |   |            |  |                    | FROM           |               |             |           |            |                 |
|  |   |            |  |                    | See Rule 78(1  |               |             |           |            |                 |
|  | T   |            | 1  | REGISTER           | OF DEDUCTI     | ON FOR DAM    | AGE OR LO   | OSS       |            | 1               |
|  |   |            |  |                    |                |               | <u> </u>    |           |            |                 |
|  | And Address o   |            |  |                    | Hill N- 304 Ma | ngol puri New | Delhi - 110 | 083       | _          | 1               |
| Location Of Work - DLF Avenue Mall Saket New I                       |   |            |  |                    |                |               |             |           |            |                 |
| 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/ | Damage Or  | _                  | Whether        | Name Of       | Amount      | No of     | First      | Last Instalment |
|  |   | Husband's  | Loss   | Or Loss            | Workman        | Person in     |             | Instalmen | Instalment |                 |
|  |   | Name       | Particlars   | Date               | Showed         | Whose         |             | ts        |            |                 |
|  |   |            |  |                    | cause          | Presence      |             |           |            |                 |
|  |   |            |  |                    | against        | Employee,s    |             |           |            |                 |
|  |   |            |  |                    |                | Explannation  |             |           |            |                 |
|  |   |            |  |                    | so Enter       | was Heard     |             |           |            |                 |
|  |   |            |  |                    | Date           |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            |                 |
|  | No Deduction for demands OD loss remarked in the month of Oct. 2022 |            |  |                    |                |               |             |           |            |                 |
| No Deduction for damages OR loss reported in the month of Oct., 2023 |   |            |  |                    |                |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            |                 |
|  |   |            |  |                    |                |               |             |           |            | ROW             |
|  |   |            |  |                    |                |               |             |           |            | STUE            |
|  |   |            |  |                    |                |               |             |           |            | ( Mangolpani    |
|  |   |            |  |                    |                |               |             |           |            | 1               |
|  |   |            |  |                    |                |               |             |           |            | OFMI-1190       |
|  |   |            |  |                    |                |               |             |           |            |                 |