

| <div> <div>Form "XXI "</div> <div>REGISTER OF FINE</div> <div>[See Rule 78 (2) (d)]</div> </div>            |                                                 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|------------------|------|--------|-----------------------------------|
| Name And Address of Contractor SNOWHILL RAINBOW PVT.LTD N- 304 Mangol puri New Delhi - 110083               |                                                 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |
| Location Of Work - At DLF Prime Tower, Okhla, 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 | Nature Of<br>Employment /<br>Designation | whether work<br>showed cause<br>against fine not if<br>so enter Date | Name of Person in whose<br>Presence Employees<br>Expianation was Heard | RATE Of<br>Wages | Date | amount | Date on<br>which Fine<br>Realised |
|                                                                                                             |                                                 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |
|                                                                                                             | No Fine at this site For the Month of Oct.-2023 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |
|                                                                                                             |                                                 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |
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|                                                                                                             |                                                 |                                |                                          |                                                                      |                                                                        |                  |      |        |                                   |

