

|                                                                                                                     |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------|----------------------|---------------------|--------------------|
| <b>FROM XX</b>                                                                                                      |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
| <b>[See Rule 78 (2) (d)]</b>                                                                                        |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
| <b>REGISTER OF DEDUCTION FOR DAMAGE OR LOSS</b>                                                                     |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
| <b>Name And Address of Contractor :</b> SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083             |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
| <b>Location Of Work -</b> At DLF City Center Mall, New Delhi                                                        |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
| <b>Name and address of Principal Employer:</b> - 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 Workman<br>Showed cause<br>against Deduction if<br>so Enter Date | Name Of Person in<br>Whose Presence<br>Employee,s<br>Explannation was<br>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 April-2024 |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
|                                                                                                                     |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |
|                                |                                                                          |                                 |                                 |                           |                                                                          |                                                                                |        |                      |                     |                    |