					FRON						
					[See Rule 78	TION FOR DAMAGE OR LO	255				
Name	And Addr	ess of Contractor			Hill N- 304 Mangol pur						
	Location Of Work DLF Avenue Mall Saket New Delhi				TV 304 Mangor par	1 14CW DCIIII 110003					
	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/ Husband's Name			Whether Workman Showed cause against Deduction if so Enter Date	Name Of Person in Whose Presence Employee,s Explannation was Heard	1	No of Instalments	First Instalment	Last Instalment	
		N	o Deduction f	or dama	ges OR loss repor	ted in the month of Ju	ıly- 2024	ļ			
		T			<u> </u>		Ī	1			
										BO Mangolpan	