| Form "XXI "  [See Rule 78 (2) (d)]  REGISTER OF FINE |             |                                |  |   |  |                  |  |        |                                   |       |            |                  |                     |                       |                            |    |  |  |  |
|--|-------------|--------------------------------|--|---|--|------------------|--|--------|-----------------------------------|-------|------------|------------------|---------------------|-----------------------|----------------------------|----|--|--|--|
|  |             |                                |  |   |  |                  |  |        |                                   | Name  | e And Addr | ess of Contracto | or : Snowhill Rainb | ow Pvt Ltd. N- 304 Ma | ngol puri New Delhi - 1100 | 83 |  |  |  |
|  |             |                                |  |   |  |                  |  |        |                                   | Locat | ion Of Wo  | rk - At DLF Towe | er Jasola A&B , Jas | ola Delhi-110025      |                            |    |  |  |  |
| Name   | e and addre | ess of Principal E             | MPLOYER - JA -1                          | 120-1121 - 11TH FLOW  | ER DISTT. CENTER JASOLA N  | NEW DELHI -      | 110025   |        |                                   |       |            |                  |                     |                       |                            |    |  |  |  |
| SL<br>NO   | NAME        | Father's/<br>husband's<br>Name | Nature Of<br>Employment /<br>Designation | whether work showed<br>cause against fine not<br>if 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  | :2024  |                  |  |        |                                   |       |            |                  |                     |                       |                            |    |  |  |  |
|  |             |                                |  |   |  |                  | The state of the s | BOW OF |                                   |       |            |                  |                     |                       |                            |    |  |  |  |
|  |             |                                |  |   |  |                  | K  | 5 *    |                                   |       |            |                  |                     |                       |                            |    |  |  |  |