#### Form XXII See Rule 78(2)

Name of Contractor

Innovsource Private Ltd.

Name of Principal Employer | Amazon Transportation Services Pvt.Ltd., Peergrahi

				1		Whether	Name of	TO A THINK SHOW		Date of r	ecovery	
S.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	Particulars of damages or loss	Date of damage or loss	workman showed cause against deduction	person in whose presence employee's explanation was heard	Amount of deduction emposed Rs. P.	No. of installment s	First installment	Last installment	Remarks
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#### NO ADVANCE FOR THE MONTH DEC-15

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For Innovsource Private Limited

Authorised Signatory

#### Form XXII See Rule 78(2)

- 1						Whether	Name of			Date of recovery		
š.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	Particulars of damages or loss	Date of damage or loss	workman showed cause against deduction	person in whose presence employee's explanation was heard	Amount of deduction emposed Rs. P.	No. of installment s	First installment	Last installment	Remarks
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#### Form XXII See Rule 78(2)

						Whether	Name of	and the second second		Date of recovery		
S.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	Particulars of damages or loss	Date of damage or loss	workman showed cause against deduction	person in whose presence employee's explanation was heard	Amount of deduction emposed Rs. P.	No. of Installment S	First installment	Last installment	Remark
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For Innovsource Private Limited

Authorised Signatory

#### Form XXII See Rule 78(2)

Name of Contractor Innovsource Private Ltd.

Name of Principal Employer Amazon Transportation Services Pvt.Ltd., Peergrahi

					Whether	Name of person in	Amount of		Date of recovery		
Name of workman	Father's /Husband's Name	Designation nature of Employment	damages or loss	120,000,000	showed	whose presence employee's explanation was heard	deduction emposed Rs. P.	No. of installment s	First installment	Last installment	Remarks
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	Name of workman	/Husband's Name	Name of workman  /Husband's Name  nature of Employment	Name of workman /Husband's Name nature of Employment loss	Name of workman  /Husband's Name  nature of Employment  loss  damages or loss	Name of workman  Father's  /Husband's Name  Designation nature of Employment  Date of damages or loss  Name of workman  Showed cause against deduction	Name of workman Name of workman  Father's  /Husband's Name  Designation nature of Employment  Designation nature of Employment  Designation nature of loss  Date of damage or loss  loss  Date of damage or loss  against deduction  whose presence employee's explanation was heard	Name of workman Name of workman Father's /Husband's Name Designation nature of Employment Designation nature of Employment Date of damages or loss loss Date of damage or loss loss Date of damage or loss loss Date of damage or loss employee's explanation was heard  Particulars of damage or loss Rs. P.	Name of workman  Father's  /Husband's Name  Designation nature of Employment  Designation nature of Employment  Designation nature of Employment  Designation nature of damages or loss  loss  Date of damage or loss  Date of damage or loss  loss  Date of damage or loss  deduction  Person in whose presence employee's explanation was heard  Rs. P.	Name of workman  Father's  Husband's Name  Designation nature of Employment  Designation nature of Employment  Designation nature of Employment  Date of damages or loss  Date of damage or loss  Date of damage or loss  Date of damage or loss  Showed cause against deduction was heard  Rs. P.  Amount of deduction emposed installment showed cause against deduction was heard	Name of workman  Father's  Husband's Name  Designation nature of Employment  Designation nature of Employment  Designation nature of Employment  Date of damages or loss  loss  Date of damage or loss  loss  Date of damage or loss  against deduction  was heard  Amount of deduction emposed installment showed cause against deduction was heard  Particulars of damage or loss  Installment  Date of deduction emposed installment showed cause against deduction was heard

# NO ADVANCE FOR THE MONTH FEB-16

For Innovsource Private Limited

Authorised Signatory

#### Form XXII See Rule 78(2)

Name of Contractor

Innovsource Private Ltd.

Name of Principal Employer Amazon Transportation Services Pvt.Ltd., Peergrahi

						Whether	Name of person in	Amount of		Date of recovery		
S.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	Particulars of damages or loss	Date of damage or loss	workman showed cause against deduction	whose presence employee's explanation was heard	deduction emposed Rs. P.	No. of installment s	First installment	Last installment	Remarks
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For Innovsource Private Limited

Authorised Signatory