

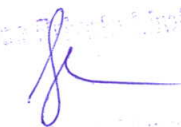
# REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

*Form XX*  
*See Rule 78(2)*

Name of Contractor Innovsource Pvt Ltd  
Name of Principal Employer Amazon Transportation Services Pvt.Ltd.  
Badli

S.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	Particulars of damages or loss	Date of damage or loss	Whether workman showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount of deduction imposed Rs. P.	No. of installments	Date of recovery		Remarks
										First installment	Last installment	
1	2	3	4	5	6	7	8	9	10	11	12	13

**NO DEDUCTIONS FOR DAMAGE OR LOSS FOR THE MONTH May-16**


For Innovsource Pvt Ltd  
  
Authorized Signatory