REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

Form XX See Rule 78(2)

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

S.No.	Name of workman	Father's /Husband's Name	Designation nature of Employment	damages or	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 emposed Rs. P.	No. of installmen ts	Date of recovery		
										First installment	Last installment	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
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NO DEDUCTIONS FOR DAMAGE OR LOSS FOR THE MONTH JULY-16

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