

FORM XX

[See Rule 78 (1) (a) (ii)]

Register of Deductions for Damage or Loss

Name and address of Contractor:-

Nature and location of work:-

Name and address of establishment in/under which contract is carried on:-

Name and address of Principal Employer:-

Sl. No.	Name of workman	Father's/husband's name	Designation/Nature of Employment	Particulars of damage or loss	Date of Damage or Loss	Whether workman shoed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of Instalments	Date of recovery		Remarks
										First Instalment	Last Instalment	
1	2	3	4	5	6	7	8	9	10	11	12	13

No Deduction for Damage or Loss during the month of March '2024