Register of Deduction for Damage or Loss

FORM XX ,See Rule- 78 (1) (a) (ii)

Name And Address of Contractor: **Limitless security & Facility Management Pvt. Ltd., Corp. off.:Unit 615-616, Ocus Quantam, Sector-51 Gurugram Haryana-122001**

Name and Address of Establishment in/ under which contract is carried on **RED FORT**

Nature and Location of work **Facility Services**

Name and Address of Principal Employer **Cushman and Wakefield (PMSI) Pvt Ltd**

Serial No.	Name	Father's/ Husband's Name	Designation/ Nature of Employment	Particulars of damage of loss	Date of Damage or loss	Whether workmen showed cause against deduction	Name of Person in whose presence employee's explanation was heard	Amount of deductions 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 Jan-2023											

