

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

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Name and Address of Contractor

Don Engineer And Contractor

Address of Contractor: Grand Falls, Gore Mirey, Bristow, Oklahoma

Name and Location of Work.

for Damage or Loss

Vasiti

Name and Address of Establishment in/under which Contract is Carried on

Name and Address of Principal Employer..... P.A. MOORE DECORATIVE DISTRIBUTION

S. No.	NAME OF WORKMAN	Father's/Husband's Name	Sex	Designation/ Nature of Employment	DAMAGE OR LOSS			Whether Workman showed cause against Deduction, if so, Enter Date	Name of Person in whose Presence Employee's Explanation was Heard	DEDUCTION IMPOSED		DATE OF RECOVERY		Remarks
					Particulars	Date				Amount	No. of Instalments	First Instalment	Last Instalment	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	70 -	Deputation		tdt.	Damages	IN	7215	MONTH	OF	APRIL 2024				

