Name and Location of Work. Father's/Husband's Sex Designation/ Nature of DAMAGE OR LOSS							Name and Address of Establishment in/under which Contract is Carried on Name and Address of Principal Employer. TATA POUGE DEUI DISTRIBUTION PATO						
\$, No.	NAME OF WORKMAN	Father's/Husband's Name	Sex	Nature of Employment	Particulars	Date	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		
	2	3	4	5	6				Amount	No. of Instalments	First Instalment	Last Instalment	Remarks
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