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						DAMAGE OR LOSS		Whether	Whether DEDUCTION IMPOSED DATE OF RECOVE					RY .	
	S. No.	NAME OF WORKMAN	Father's/Husband's Name	Sex	Designation/ Nature of Employment	Particulars	Date	Workman showed cause against Deduction, if so,	Name of Person in whose Presence Employee's Explanation was Heard	Amount	No. of Instalments	First Instalment	Last Instalment	Remar	
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