

FORM XX

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

Register of Deduction

Name and Address of Contractor: ANIL ENGINEERS AND CONSULTANTS
Shop No. 12, Gokul Food Lane Market, Lakshminagar, Delhi-110026
 Name and Location of Work:

S. No.	NAME OF WORKMAN	Father's/Husband's Name	Sex	Designation/ Nature of Employment	Particulars	Date
1	2	3	4	5	6	7



- No Deduction for Damages in the Month of September 2023

for Damage or Loss

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

Name and Address of Principal Employer: DATA FACTS DELHI DISTRIBUTION LTD.

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
		Amount	No. of Installments	First Installment	Last Installment	
8	9	10	11	12	13	14