FORM XX

[See Rule78(1)(a)(ii)]

Register of Deduction for Damages or Loss

Name and Address of Contractor Walsons Services Pvt. Ltd.

Name and address of Establishment in/ under

367-368, Basant Building, IIIrd Floor, Choudhary Market

which Contract is carried on

Sultanpur New Delhi-110030

BT India Pvt. Ltd. 12th Floor, Eros Corporate Tower, Nehru Place New Delhi

Nature and Location of Work Security Services

Name and Address of Principal Employer

BT India Pvt. Ltd. 12th Floor, Eros Corporate Tower, Nehru Place New Delhi

BT India Pvt. Ltd. 12th Floor, Eros Corporate Tower, Nehru Place New Delhi

										Date of Recovery		
SI No	Name of Workma n	Fathers/ Husbands name	Designation/ Nature of Employment	Particular Of Damages Or loss	Date & Damages or loss	Whether Workman Showed cause Against	Name of person in Whose presence employees	Amount of Deducti on Impose	No. of Installment	First Installmen	Last Installment	Remarks
1	2	3	4	5	6	deduction 7	explanation was heard	d 9	10	11	12	13

No Deduction for damage or loss for the month of Dec 2017