

**FORM II**

Rule 21(4)

**Register of Deduction for Damage or Loss**

Name and Address of Contractors :

**Walsons Facility Solutions Pvt Ltd  
496, Udyog Vihar Ph-III  
Gurgaon -122016, Haryana**Name and Address of Establishment in /  
under which contractors is carried on :**Bussan Auto Finance Ltd.  
10th Floor, Ashoka Estate, Barkhamba Road, CP,  
New Delhi**

Nature and Location of Work :

**Facility Services-PAN India**

Name and Address of Principal Employer :

Sl. No.	Name	Father's / Husband's Name	Name of Employment / Designation	Particulars of damage or loss	Date of Damage or loss	Whether workman showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of instalments	Date of recovery		Remarks
										First instalment	Last Instalment	
1	2	3	4	5	6	7	8	9	10	11	12	13

**NO DEDUCTION HAS BEEN IMPOSED DURING THE MOTHS OF Nov-2017**Signature  
Sr. Manager Personnel