

FORM - XX REGISTER OF DEDUCTION FOR DAMAGE , LOSS & FINE

Name and address of Contractor: L.B. Bonafide Pvt.Ltd., F-89/3,
Second Floor, Okhla Phase-1, New
Delhi-110020

Nature and location of work: Mali (Beldar) & Khera Dabar, Najafgarh, South West Delhi- 110073

Name and address of Principal Employer:
Ch. Brahm Prakash Ayurved
Charak Sansthan & Khera
Dabar, Najafgarh, South West
Delhi- 110073

| S.No | Name of Workmen | Father's/Husband's Name | Nature of employment /Designation | Wage period and wages payable | Date and amount of advance given | Purposes(s) for which advance made | Number of instalments by which advance to be repaid | Date and amount of each instalment repaid | Date on which last instalment was repaid | Remarks |
|------|---|-------------------------|-----------------------------------|-------------------------------|----------------------------------|------------------------------------|---|---|--|---------|
| 1 | No deduction for damage, loss and fine in the Month of Mar-21 | | | | | | | | | |
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