

# Form XX

## REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

Name and address of the contractor

**CHAQUE JOUR HR SERVICES PVT LTD**  
**H No.38,1st Floor Mohammadpur Village,Bhikaji cama Place New Delhi-66**

Name & adress of establishment in/under w

**IBIS Hotel. Asset no 9 - Delhi Aerocity – IGI**  
**Airport, New Delhi, India, 110037**

Nature and location of work

**Hospitality Staff**

Name and adress of Principal Employer

**IBIS Hotel. Asset no 9 - Delhi Aerocity – IGI**  
**Airport, New Delhi, India, 110037**

Sl No.	Name of Workman	Father's Husband's Name	Designation /Nature of Employment	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 Instalment	First Instalment	Last Instalment	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
<b>No deduction for damage or loss has been made for any workman during the month of October-2016</b>												

AUTHORISED SIGNATORY