

Form XX

REGISTER OF DEDUCTION FOR DAMAGE OR LOSS

Name and address of the contractor **CHAQUE JOUR HR SERVICES PVT LTD,
H No. 139A, Mohammadpur Village, Bhikaji Cama place, New Delhi-66**

Name & address of establishment in/under which work was done **Instakart Services Private Limited, No. F-12, Udyog Nagar, Peeragarhi, New Delhi-110041**

Nature and location of work **Delivery Service/Loading. Unloading Services**

Name and address of Principal Employer **Instakart Services Private Limited, No. F-12, Udyog Nagar, Peeragarhi, New Delhi-110041**

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
<p align="center">No deduction for damage or loss has been made for any workman during the month of November-2016</p>												

AUTHORISED SIGNATORY