

**FORM XX**  
**[See Rule 78 (2) (d)]**

**Register of Deductions for Damage or Loss**

**Name and address of Contractor...M/s.Innovision Limited,Corporate Block 68/273, First Floor, Sukhrali, Mehrauli-Gurgaon Rd, Block C, Sukhrali, Sector 17, Gurugram, Haryana 122001**

**Name and address of establishment in/under which contract is carried on.. Fortis C - Doc Healthcare Limited**

**Name and address of establishment in/under which contract is carried on ..Fortis C - Doc Healthcare Limited**

**Name and address of Principal Employer ...Fortis C - Doc Healthcare Limited**

Sl. No.	Name of workmen	Father's/Husband's name	Designation/Nature of employment	Particulars of damage or loss	Date of damage or loss	Whether workmen 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 during the month of Jan'23**

