Name of Father's Designation Particulars of Date of Whether Name of Amount of No. of Date of Recovery	See Rule 7	8(1)(a)(ii)]]											
Serial No Name of Workman Father's Husband's Name Designation and Departmen t Particulars of Damage or Loss Obste of Date of Damage Name of worker Amount of person in showed Amount of deduction imposed No. of instalments Date of Recovery	Name and Address of Contractor			Plot No 251 Udyog Vihar					which contract is carried on M/s		M/s Fortis C	//s Fortis C - Doc Healthcare Limited		
Serial No Name of Workman Husband's Name Departmen t Particulars of Damage or Loss Date of Damage or Loss worker Damage showed person in whose Amount of deduction imposed No. of instalments First Instalment Last installement Remarks	lature and L	ocation of wor	k	Security Serv	rices									
Serial NoName of WorkmanHusband's Nameand Departmen tDamage or LossDate of Damage or Lossworker person in tperson in whose persenceNo. of instalmentsFirst InstalmentLast installementRemarks			Father's	Designation	Particulars of		Whether	person in whose	Amount of		Date of Recovery			
1 2 3 4 5 6 7 8 9 10 11 12 13	Serial No		Husband's	and	Damage or	Date of	showed					Last installement	Remarks	
	1	2	3	4	5	6	7	8	9	10	11	12	13	
		CTION FOR D	AMAGES O	R LOSS WE	RE MADE FF		WORKERS	DURING TH	E MONTH OF			JUN-2023		
NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JUN-2023											Suision Zra			