

**Form XX**

[(See Rule 78(1)(a)(ii)]

**Register of Deduction for Damages or Loss**

Name and Address of Contractor

**INNOVISION LIMITED.**  
Plot No 251 Udyog Vihar  
Phase IV,Gurgaon-122001(HR.)

Name and Address of Establishment in/under

which contract is carried on M/s Fortis C - Doc Healthcare Limited  
Chirag Enclave , New Delhi

Nature and Location of work

Security Services

Serial No	Name of Workman	Father's Husband's Name	Designation and Department	Particulars of Damage or Loss	Date of Damage	Whether worker showed cause	Name of person in whose persence	Amount of deduction imposed	No. of instalments	Date of Recovery		Remarks
										First Installment	Last installement	
1	2	3	4	5	6	7	8	9	10	11	12	13

**NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF****MAR-2023**