

**FORM XXII**  
**[See Rule 78 (2) (d)]**  
**Register of Advances**

**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	Father's/ Husband's name	Nature of employ- ment/ Designati- on	Wage period and wages payable	Date and amount of advance given	Purpose (s) for which advance made	No. of instalme- nts by which advance to be repaid	Date and amount of each instalme- nt repaid	Date on which last instalme- nt was repaid	Remarks
1	2	3	4	5	6	7	8	9	10	11

No Advance During the month of Nov'22

