

**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.. Kailash Deepak Hospital

Name and address of establishment in/under which contract is carried on ..Kailash Deepak Hospital

Name and address of Principal Employer ...Kailash Deepak Hospital

| 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 Feb'23

