Workman   Name   Department   or Loss   Damage   against deduction   explanation was heard   imposed   installment   tast installment     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 MARCH-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF APRIL-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF MAY-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULY-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULY-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF AUGUST-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF AUGUST-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF SEPTEMBER-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF OCTOBER-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF OCTOBER-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF NOVEMBER-2021     NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF NOVEMBER-2021   Innovision Lim	Form				<u>Registe</u>	r of Do	eduction	for Damage	es or L	<u>.0SS</u>			
Serial No Name of person in voltage Designation and Department Particulars of Damage Date of Damage Whether worker showed cause apainst deduction instalments No. of instalments Date of Recovery Remark   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 MARCH-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF APRIL-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF MAY-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULE-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULE-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULY-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULY-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF JULY-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF AUGUST-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF OS EPTEMBER-2021   NO DEDUCTION FOR DAMAGES OR LOSS WERE MADE FROM ANY WORKERS DURING THE MONTH OF OCTOBER-2021   NO DEDUCTION FOR DAMAGES OR	Name and A	ddress of Cont	Room No -201, lind Floor, Cb 202 A, Ring Road										
Name of Workman Husband's hume Designation and Department Particulars of Damage or Loss Date of Damage showed cause against deduction persence employees explanation was heard deduction No. of instalment Mo. of instalment	lature and	Location of wo	rk :-	Security Guards,	Jasola		Name and Addres	s of Principal Employer	M/s Escort	s Health Instit	tute and Reserch	Centre LTD	
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