

**Form XX**

(See Rule 78(2)(d))

**Register of Deduction for Damages or Loss**

Name and Address of Contractor

**INNOVISION LIMITED**Room No -201, lind Floor, Cb 202 A, Ring Road  
Naraina, New Delhi-110028Name and Address of Establishment in  
/under which contract is carried on**M/s Escorts Health Institute and Reserch Centre LTD**

Okhla Road, New Delhi-110025

Nature and Location of work :-

**Security Guards, Jasola**

Name and Address of Principal Employer

**M/s Escorts Health Institute and Reserch Centre LTD**

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 against deduction	Name of person in whose persence employees explanataion was heard	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 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 JUNE-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 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 NOVEMBER-2021****Innovision Limited****Authorised Signatory**