NAME OF COMPANY--R.B.ENGINEERS

FORM XX

[See **rule 78 (1) (a) (ii)]**

Register of Deductions for Damage or Loss

MONTH AUGUST 2023

Sr. No.	Name of workman	Father's name	Designation	Particulars ofdamage or loss	Date of damage or loss	Whether work man showed cause against deduction	Name of person In whose presence employee's explanation was heard	Amount of deduction imposed	No. of installments	First installment	Last installment	Remarks
1	AMIR MUKHIYA	SH SURESH MUKHIYA	LINEMAN	SAFETY GLOVES & PLIER	10-08-2023	YES	DILEEP MISHRA	400/-	1	-		400/- PAYMENT DEDUCTED

R. B. ENGINEERS
Authorised Signatory