

NAME-R.B.ENGINEERS

FORM XX

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

Register of Deductions for Damage or Loss

MONTH Jun-25

|   |                 |               |             |                               |                        |  |   |                             |                     | Date of recovery  |                  | Remarks |
|---|-----------------|---------------|-------------|-------------------------------|------------------------|--|---|-----------------------------|---------------------|-------------------|------------------|---------|
| Sr. No.   | Name of workman | Father's name | Designation | Particulars of damage or loss | Date of damage or loss | Whether workman 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 |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
| NO DEDUCTION FOR DAMGE OR LOSS FOR THE MONTH OF JUNE 2025 |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |
|   |                 |               |             |                               |                        |  |   |                             |                     |                   |                  |         |

