FORM XX
1[See **rule 78 (1) (a) (ii)]**
Register of Deductions for Damage or Loss

NAME OF COMPANY--R.B.ENGINEERS

MONTH OCT2024

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
			NO DEDUCTION DAMGE OR LOSS FOR THE MONTH OF OCT 2024									

R. B. ENGINEERS
Auth. Signatory