FORM XX [See Rule 78 (2) (d)] Register of Deductions for Damage or Loss														
Name and address of Contractor					M/S GDX Facility and Management Services Private Limited, 29, Sant Nagar, East of Kailash New Delhi-110065.									
Name and address of Establishment in/under which contract is carried on					M/S GDX Facility and Management Services Private Limited, 29, Sant Nagar, East of Kailash New Delhi-110065.									
Nature and location of work					Security and Facility Management Services at Delhi Dwarka									
Nam	Name and address of Principal Employer					M/S Indian Hotels Company Limited Vivanta Sector 21 Metro Station Complex New Delhi-110075.								
	Name of workman	Father's / Husband's name	Designation	Particulars of damage / loss	Date of damage	Whether worker showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of installment	Date of recovery			Signature of the	
Sl. No.										First installment	Last installment	Remarks	employer or his representative	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
					January-2023									
		No Damage or Loss During the month										ļ		
<u> </u>					February-2023		-4						┨────┤	
					No Damage or Los March-2023	ss During the n	nonth							
					No Damage or Loss During the month								┼───┤	
					April-2023	is is using the h							1	
				•	*									

