

Form XX
[See Rule 78(1) (d) (iii), (v) and (vi)]

Register of Deductions for Damage or Loss

Name and address of Contractor

Name and address of establishment in/under which contract is carried on.....

Nature of work and location of work

Name and address of Principal Employer

Sl. No	Name of workman	Father's/Husband's Name	Designation	Particulars of damage/ los	Date of damage	Whether worker showed cause against
1	2	3	4	5	6	7

Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of installment	Date of Recovery First instalment	Date of Recovery Last instalment	Remarks	Signature of the employer or his representative
8	9	10	11	12	13	14