

REGISTER OF DEDUCTION

FOR DAMAGE OR LOSS

Name and Address of Principal Employer.....
Name and Address of Workman.....
Particulars of Deduction.....
Date of Deduction.....
Whether workman showed cause against deduction.....

Sl. No.	Name of Workman	Father's/Mother's Husbands Name	Description/Nature of employment	Particulars of Damage or Loss	Date of Damage or Loss	Whether workman showed cause against deduction
38	No	Deduction for	Damage of	Loss	Agst	
39	No	Deduction for	Damage of	Loss	Agst	
40	No	Deduction for	Damage of	Loss	Agst	
41	No	Deduction for	Damage of	Loss	Agst	
42	No	Deduction for	Damage of	Loss	Agst	
43	No	Deduction for	Damage of	Loss	Agst	
44	No	Deduction for	Damage of	Loss	Agst	

Name and Address of the Establishment in/under which contract is carried on.....
Name and Address of Principal Employer.....
Name and Address of Workman.....
Particulars of Deduction.....
Date of Deduction.....
Whether workman showed cause against deduction.....

Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of instalments	DATE OF RECOVERY	REMARKS
			First Instalment	Last Instalment
Any employees	During the month of	Any	September 2020	
Any employees	During the month of	Any	October 2020	
Any employees	During the month of	Any	November 2020	
Any employees	During the month of	Any	December 2020	
Any employees	During the month of	Any	January 2021	

