FORM XX [SEE RULE (78)(1)(A)(II)]

Register of Deduction for Damage or Loss

Name and Address of Contractor

ANJ TURNKEY PROJECTS PVT LTD,1043,ARJUN NAGAR,GALI NO-3 GURGAON,HARYANA-122001

Name and Address of the Establishment ANJ TURNKEY PROJECTS PVT LTD,1043,ARJUN NAGAR,GALI NO-3 GURGAON,HARYANA-122001 in / under which contract is carried on

Nature and Location of work WORLDMARK 2 AEROCITY NEW DELHI 110037

Name and Address of the Principal Employer BROOKPROP PROPERTY MANAGEMENT SERVICES P, WORLDMARK 2 AEROCITY NEW DELHI 110037

SI. No.	Name of Workmen	Father's / Husband Name	Designation / Nature of Employment	Particulars of damage or loss	Date of Damage or loss	Whether workman showed cause against deduction	Name of Person in whose presence employee's was heard	Amount of deduction imposed	No. of installments	Date of Recovery		Remarks
										First Install- ments	Last Install- ments	
1	2	3	4	5	6	7	8	9	10	11	12	13
			Certif	ied that	No Da	mage (r Loss has	been c	leducted			
			30	loa tilat	110 20	mago	7. 2000 Hae	30011 0	Joaquita			
			in the	month	of Δ	UG 20	123					
			111 1110			00., 2 0						
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Signature of Contractor