KAI A G-11 Po 58, N So Ph.:	KASTATIONERS I, Sahvog Building schru Place, N.D19 26440902, 26289845  and Address of Contractor	abour (Reg. & Abo.) Central Ru  Reg  Voni Engy  Noide  Father's/Husband's Name	FORM XX  [See Rule 78(I)(a)(ii)]  Name & Address of estt. in/under which contract is carried on Delhi Tal Board  Kondii Delhi  Name & Address of Principal Employer									
Nature a	Name of workman	Father's/Husband's 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 explanation was heard	Amount of deductions imposed	No. of instalments	Date of First Instalment	recovery  Last Instalment	Remarks
No.	Name of workman	3	4	5	6	7	8	9	10	11	12	13
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