Name an	, Sahyog Building chern Place, N.D19 26440902, 26289845 and Address of Contractor To's	Labour (Reg. & Abo.) Central Rul Reg Van Engy & Eng PUX Nocida UP MADWATP Kand	FORM XX [See Rule 78(I)(a)(ii)]  Name & Address of estt. in/under which contract is carried on Dalhi Jal Board Ironali Dalli  Name & Address of Principal Employer Dalhi Jal Board  Date of recovery									
Serial No.	Name of workman	Father's/Husband's Name	Designation/ Nature of Employment	Particulars of damage or loss 5	Date of Damage or loss	Whether workman showed cause against deduction 7	Name of person in whose presence employee's explanation was heard 8	Amount of deductions imposed 9	of instalments 10	First L Instalment Insta	ast Rema alment 12 13	1.1
8		ductions for	Dama	-	1035	San Gre	Month	of	- 5	ef 20	<u> </u>	
		- 1/3	776					eering &				
								I I	The state of the s		*	
-				2.				CATT + B				
	and the same											
-	evial paren											