Contract Labour Act

FORM XX

[See rule 78(2) (d)]

Register of Deductions for Damage or Loss

Name and address of contractor :-
Name and address of establishment in/under :-
which contract is carried on :-

Name and address of principal employer :-
Nature and location of work :-
Wage period Monthly :-

Sl. No.	Name of Workman	Father's / Husband's Name	Designation / Nature of Employment	Particulars of Damage or Loss	Date of Damage or Loss	Whether Workmen showed cause against Deduction	Name of Person in whose presence Workmen's explanation was heard	Amount Deduction Imposed	No. of Installments	Date of recovery		Remarks
										First Installment	Last Installment	
1	2	3	4	5	6	7	8	9	10	11	12	13