

FORM XX

[See rule 7B(1) (a) (ii)]

REGISTER OF DEDUCTIONS FOR DAMAGES OR LOSS

Name & address of the Contractor : GENIUS CONSULTANTS LIMITED,Unit No. 515 A, 5th Floor DLF Prime Tower,Okhla Phase 1 New Delhi -110020

Name & address of establishment in/ under which contract is carried on :Cipla Ltd.M2M,J.R.Complex No.5,HCMR Farms Village Mandoli ,Near Seva Dham delhi-110093

Name and location of work :cipla Ltd. New delhi

Name and Address of Principal Employer : Cipla Ltd.M2M,J.R.Complex No.5,HCMR Farms Village Mandoli ,Near Seva Dham delhi-110093

Sl. No.	Name of workmen	Father's/ Husband's Name	Designation	Particulars of damage or loss	Date of damage or loss	Whether workmen showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount deduction imposed	No. of instalments	Date of recovery		Remarks
										First instalment	Last instalment	
No Deduction For Damage or Loss For the Month of FEB-22												

