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REGISTER OF DEDUCTIONS FOR DAMAGE OR LOSS

Name and Address of Contractor ... WZ-8/7 (F.F) KIRTI NAGAR, II DUSTRIAL AREA NEW DELIH-100015

कार्य का प्रकार व कार्यस्थल

Nature and Location of Work Musse ReePing y MSI (A9 35 UNSAFT USARE N DEND)

Name a	हा का नाम व पता nd Address of Principal Empl	Toyer		A It 2 k I A IN	M&15/ \!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\	क्या कर्मचारी को				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
क्रमांक SI. No.	कर्मचारी का नाम Name of Workman	पिता/पाता/पति का नाम Father's/Mother's/ Husband's Name -	पद/नियुक्ति का प्रकार Designation/ nature of employment	विक्षति या हानि का विवरण Particulars of Damage or Loss	विक्षति या हानि की तिथि Date of Damage or Loss	कटौती संबंधी 'कारण बताओ' जारी हुआ Whether work- man showed cause against deduction		उस व्यक्ति का नाम जिसके समक्ष कर्मचारी की सफाई सुनी गई हो Name of person in whose presence employee's explanation was heard	लगाई गई कटौती की रकम Amount of Deduction imposed	किस्तों की संख्या No. of Installments	प्रथम F Insta	न किस्त First allment	riod of Contarct अंतिम किस्त Last Installmer
) UU	NO 2	Deduction	for	5 Damage	p h	2 S.)		During	dne	10 Murth		11 Uf	12 0cl-20
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विक्षति या क्षति की कटौतियों का रिजस्टर Sold by AMIR BOOK DEPOT

टिप्पणी Remarks



विकेदार का नाम व पता Name and Address of Contractor अप्रिक्ट प्रकार का नाम व पता Name and Address of Contractor अपरिकार का नाम व पता New Delm-100015

कार्य का प्र Nature a स्थापन का Name ar	कार व कार्यस्थल and Location of Work	४	57 \N 9 35 ied on J N Fud Y	LASANT ULHAR N	BURY Juhar	HEM DET	3.				
क्रमांक SI. No.	कर्मचारी का नाम Name of Workman	पिता/माता/पित का नाम Father's/Mother's/ Husband's Name	पद/नियुक्ति का प्रकार Designation/ nature of employment	कार्य/भूल जिसके कारण जुर्माना लगाया गया हो Act/Omission for which fine was imposed	गलती की तिथि Date of Offence	व्या कर्मचारी को जुर्माने संबंधी 'कारण बताओ' जारी हुआ Whether workman showed cause against fine	उस व्यक्ति का नाम जिसके समक्ष कर्मचारी की सफाई सुनी गई हो Name of person in whose presence employee's explanation was heard	मजदूरी की अवधि व देय मजदूरी Wage periods and Wages payable	लगाए गए जुर्माने की रकम Amount of Fine imposed	तिथि जिस दिन जुर्माने की वसूली हुई Date on which fine realised	टिप्पणी Remarks
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जुर्माने का रजिस्टर

sold by: AMIR BOOK DEPOT, Nai Sarak, Delhi-6 🕿 23918707, 23918826

FORM XXIII [See Rule 78(1)(a)(iii)]

WZ-8/7 (F.F) KIRTI NAGAR, INDUSTRIAL NEW DELM-190015

REGISTER OF

OVERTIME



Name and address of contractors ...

Nature and location of work Nouse Reeping & MST [ASIBS NASAT NIMON NEW DELMI)

Name and address of establishment in/under which contract is carried on IPEOSIS LAD, PS 33 UNIAN UNAR NEW ENGLISH

Name and address of principal employer INFV SHJ MO. ASIS, UPSAH WINAR, NEW OEMI

Name and address of principal employer INFNSHJ. M.D., A.S. S., U.P.JARY, UINAR, INFO. DELMI													
SI. No.	Name of Workman	Father's / Husband's Name	Sex	Designationt/ Nature of Employment	Date on Which Overtime Worked		Total Overtime Worked or Production in Case of Piece Rate	Normal Rate of Wages	Overtime Rate of Wages	Overtime Earnings	Date on Which Overtime Wages Paid	Remarks	
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				Remarks if any on sis					.		
				Name, address & occupation of two witnesses				10			
				Signature & designation of the person who makes the entry	305			Sing John			
				Name, Occupation, address & sign. or the thump impression of the person giving notice	HN1-2						
				What exactly was the injured person doing at the time of injury	AP.						
	15			Nature of injury	5/0						
Y	Industrial Area, New Delhi-110015	1		Cause of injury	747						
T BOOK	trial Area, N	AR NEW DELF		Place							
		VASANT VIHA		Тіте							
ACCIDEN'	Kothi, Kirt	D, A9/35 HI)	DELII	Date	704						
AC (Employe	loor, Phili	NFOSYS LT	THE ME W	Shift, Departmen t & Occupatio n of the Employee							
	Z-8/7,Ist F	SANT VIHAL	A INIMONA A	Insurance No E						and the second s	
	P) Ltd. W	tract is ca 19/35 VAS	C (CW) C1	Age .							_
	ervices	& Mst (Sex							_
AC(Name & address of Contractor :Impressions Services (P) Ltd. WZ-8/7,Ist Floor, Phili Kothi, Kirti Nagar	Name & address of estab ishment in/under which contract is carried on : INFOSYS LTD, A9/35 VASANT VIHAR NEW DELHI Nature and location of work: House Keeping & Mst (A9/35 VASANT VIHAR NEW DELHI) Name and Address of Dissipal Employee TRESSYS IT A A VALUE WILLIAM MANAGED.		Name & Address of the injured person							
1	of Contrac	of establis		f Time of Notice							
FORM -11 [Regulation - 66]	address c	address c		Date of Notice		,					
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PEGISTER OF ADVANCES

Rule नियम78 (1) (a) (ii)वेखें।

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WZ-3/7 (F.F)-KIRTI NAGAR, INDUSTRIAL ANEA

Iress of Contractor.

NEW DELHH-100015

lress of Contractor

कार्यस्थल cation of Work Mouse Received & MST (19135 URSAPT UIMAR, NEW DELMI)

। । क्रमान्यस्य	नाम व पता जिसमें∕जिसके निरीक्षण में अनु l Address of Establishment in/ur	नुबंध-कार्य हो रहा हो nder which Contract is carri				ديا	DEMI			av tie (v jak il) autorium var lat vila ili	judi e ospēlitevie Lauriauser Palisa	
। पन निमोक्त	का नाम व पता l Address of Principal Employer						 		.2		n dip a lice i	fast i fav i malves, ege Timor sollo - va es ell
क्रमांक S1. No.	कर्मचारी का नाम Name of Workman	पिता/माता/पति का नाम Father's/Mother's/ Husband's Name	नियुक्ति का प्रकार/पद Nature of employment/ Designation	मजदूरी की अवधि व देय मजदूरी Wage Period and Wages/Payable	अग्रिम की तिथि व रकम Date and Amount of Advance given		Purpo	ा देने का उद्देश्य ses for which vance made	किस्तों की संख्या जिनके द्वारा अग्रिम की वापसी होगी No. of Installment by which Advance to be repaid	प्रत्येक देय किस्त की संख्या व स्कम Date and Amount of each Installment repaid	देय किस्त की वापसी की तिथि Date on which Loan install- ment repaid	हिष्पणी Remarks
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