FORM	Register of Deductions FORM-XX												
	ule 78(1)((a)(ii)]											
Name and Address of Contractor: ELITE FACILITIES AND SYSTEMS PVT LTD I-18,LAJPAT NAGAR-III New Delhi-110024							Name & address of estt. In/under which contract is carried on : CADDIE HOTELS PVT LTD (PULLMAN) Assest Area 02,Caddie Hotel						
							Name & address of Principal Employer CADDIE HOTELS PVT LTD (PULLMAN) Assest Area 02,Caddie Hotel						
S.no	Name	Father's name	Nature of employment/Designati on	Paticulars 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 of deduction imposed	No. of istalments	First instalment	Last Instalment	Remarks	
No deducation has been made for any damage & loss on any emplyoee during the month of July - 2023													