

Register of Deductions for Damage or Loss

Form XX See Rule 78 (1) (a)(ii)

Name & Address of Contractor:	Suvidha Talent (P)LTD.(136/7,Ground Floor Cabin No-3, Begumpur Shivalik Road Malviya Nagar N Delhi-17
Nature and Location of Work:	Field Job & Support Staff
Name & Address of Establishment In/ under which contract is carried on :	Field Job & Support Staff at Delhi-WDL-DC
Name and Address of Principal Employer:	Instakart Services Pvt. Ltd. Delhi-WDL-DC
	Instakart Services Pvt. Ltd. PLOT NUMBER 03 KHASRA NUMBER -20,16-5,19 CHANDRA KARKORLA OLD PALAM ROAD NEW DELHI 110059

For the Month of Oct-2022

SI. No	E-Code	Name of workman	Father's/ husband Name	Designation/ Nature of employment	Location	Particulars of damage or loss	Date of damage of loss	Whether workman shoned against deduction	Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of instalments	Date of recovery(First instalment)	Last instalment
1	ST02676	GAUTAM	LAL SAHAB	SENIOR ASSISTANT LOGISTICS STORE OPERATIONS	WDL DC	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
2	ST03036	KULDEEP	LAL MANI	ASSISTANT LOGISTICS SDA	WDL DC	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

For Instakart Services Pvt. Ltd.

For Suvidha Talent Pvt Ltd



(Sinature & Stamp of the Principal Employer)

(Sinature & Stamp of the Contract)

