

FORM XX

I[See rule 78 (1) (a) (ii)]

Register of Deductions for Damage or Lou

Name and address of contractor: **M/s Satyam Enterprises**Nature and location of work: **Professional Services towards Enforcement Activity (CEG)**

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

Name and address of principal employer: **Tata Power Delhi Distribution Limited**

Sr. No.	Name of workman	Father's/ Husband's name	Designation/ Nature of employment	Particulars of damage or loss	Date of damage or loss	Whether work man showed cause against deduction
1	2	3	4	5	6	7
No Deduction for damage or loss during the month of September-2024						

Name of person In whose presence employee's explanation was heard	Amount of deduction imposed	No. of installments	Date of recovery		Remarks
			First installment	Last installment	
8	9	10	11	12	13

For SATYAM ENTERPRISES

Partner