[See Rule 78(I)(a)(ii)]

## Register of Deductions for Damage or Loss

Name and Address of Contractor: Lion Services Ltd.

New Delhi - 110008 210, Padma Tower -II 22, Rajendra Place

Nature and location of work: HOUSE KEEPING

ISBT BUILDING, KASHMERE GATE, DELHI-110006 (A JOINT VENTURE OF GOVT.OF DELHI AND IDFC LTD.) DELHI INTEGRATED MULTI MODEL TRANSIT SYSTEM LTD.

Name & Address of estt. In/under which contract is carried on

ISBT BUILDING, KASHMERE GATE, DELHI-110006 (A JOINT VENTURE OF GOVT.OF DELHI AND IDFC LTD.) DELHI INTEGRATED MULTI MODEL TRANSIT SYSTEM LTD.

Name & Address of Principal Employer:

DELHI INTEGRATED MULTI MODEL TRANSIT SYSTEM LTD. (A JOINT VENTURE OF GOVT.OF DELHI AND IDFC LTD.)

ISBT BUILDING, KASHMERE GATE, DELHI-110006

|                  |            |            |           |              |            |                       | (2.5)       |        |    |   |
|------------------|------------|------------|-----------|--------------|------------|-----------------------|-------------|--------|----|---|
|                  | 子          | Mar        |           | 2            | 2          |                       |             | Jan    | _  | Serial No.  |
|                  | a Ducken   | March-2018 |           |              | Y Davy 1   | 70 (                  |             | Jane - | 2  | Name of workmen   |
|                  | Con A      |            | а         | Describer os | 20/00      | ) EQUCKON             |             | Alac   | ယ  | Father's/Husband's Name   |
|                  | ccount o   |            |           | Account      |            | 07 of C               |             |        | 4  | Designation/Natur Particulars of eof Employment damage or loss          |
|                  | t- (Ray    |            |           | 04           |            | 1000                  |             |        | 5  |   |
|                  | refes      |            |           | Demo         |            | 00 (                  |             |        | 6  | Date of Damage<br>or loss   |
| 9. 4             | or foss w  |            | D         | Tes or       |            |                       |             |        | 7  | Whether workmen showed cause against deduction                          |
|                  | made Dury. |            |           | los mede d   |            | 2                     | Lott        |        | 8  | Namd of person in whose<br>presence employee's explanation<br>was heard |
|                  | the m      | 4          | (For L    | Orly of      |            |                       | 6           |        | 9  | Amount of deductions imposed  |
| S NOT TO         | ontro      | Authorise  | 2         | e me         |            | For HON               |             |        | 10 | No.<br>of instalments   |
| ON SERVICES LTD. | 5 20       | Signatory  | VICES LTI | month of     | orise 4 Si | For HON SERVICES LTD. | no no       |        | 11 | Date of<br>First<br>Instalment  |
| LTD.             | Morch-20/8 | Ž          |           | - Feb-       | gnatory    | SLTD.                 | to ments of |        | 12 | Date of recovery First Last Instalment stalment                         |
|                  |            |            |           | 2018         | 34.<br>2   |                       | 10 n- 18    |        | 13 | Remarks   |