**Form XIX**

**[See Rule 52 (2) (C)]**

**Register Of Deduction For Damage Or Loss**

Name and address of Contractor.

Nature and location of work.

Name and address of establishment in/under which inter-State migrant workmen are employed.

Name and address of Principal Employer.

1. Serial number

2. Name of inter-state migrant workman.

3. Father’s/Husband’s name

4. Designation/nature of employment

5. Particulars of damage or loss

6. Date of damage or loss

7. Whether inter-state migrant workman showed cause against deduction

8. Name of person in whose presence employee’s explanation was heard

9. Amount of deduction imposed

10. Number of installments

First Installment

Date or recovery

11.

Last installment

12. Remarks