

FORM XX¹[See rule 78] (2) (d)*Register of Deductions for Damage or Loss*

Name and address of contractor.....

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

on.....

Nature and location of work.....

Name and address of principal employer.....

Sl. No.	Name of workman	Father's/ Husband's name	Designation /Nature of employ- ment	Particulars of damage or loss	Date of damage or loss	Whether workmen showed cause against deduction
1	2	3	4	5	6	7

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

¹**[FORM XXI**
[See rule 78 (2)(d)]
Register of fines

Name and address of contractor.....
Name and address of establishment in/under which contract is carried
on.....
Nature and location of work.....
Name and address of principal employer.....

Sl. No.	Name of workman	Father's/ Husband's name	Designa- tion/Na- ture of employ- ment	Act/Om- mission for which fine imposed	Date of offence	Whether workman showed cause against fine	Name of person in whose presence workman explanation was heard
1	2	3	4	5	6	7	8

Wage periods and wages payable	Amount of fine imposed	Date on which fine realised	Remarks
9	10	11	12

FORM XXII¹[See rule 78 (2) (d)]*Register of Advances*

Name and address of contractor.....

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

Nature and location of work.....

Name and address of principal employer.....

Sl. No	Name	Father's/ Husband's name	Nature of employ- ment/ designation	Wage period and Wages payable	Date and amount of advance given	Purpose(s) for which advance made
1	2	3	4	5	6	7

No of installments by which advance to be repaid	Date and amount of each installment repaid	Date on which last installment was repaid	Remarks
8	9	10	11

FORM XXIII¹[See rule 78 (2)(e)]**Register of overtime**

Name and address of contractor.....

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

Nature and location of work.....

Name and address of principal employer.....

Sl. No	Name of workman	Father's/Husband's name	Sex	Designation/nature of employment	Date on which overtime worked	Total overtime worked or production in case of piece-rated
1	2	3	4	5	6	7

Normal rate of wages	Overtime rate of wages	Overtime earning	Date on which overtime Payment paid	Remarks
8	9	10	11	12