REGISTER OF DEDUCTIONS FOR DAMAGE OR LOSS

FORM XX

(See Rule 78(1)(a)(ii)]

NAME AND ADDRESS OF CONTRACTOR

Nimbus Harbor Facilities Management Pvt. Ltd.H 305, Sushant Shopping Arcade, Sushant Lok I, Gurugram, Haryana

NAME AND ADDRESS OF ESTABLISHMENT IN/WHICH CONTRACT IS CARRIED ON

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

NATURE AND LOCATION OF WORK

Facilities Services Provided at M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi - 110070

NAME AND ADDRESS OF PRINCIPAL EMPLOYER

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

S. No	Name	Father's/ Husband's Name	Sex	Department	Damage or loss caused with date	cause against deductions,if so,enter date	Date and amount of deductions imposed	Date and amount of fine imposed	Date on which fine realised	Remarks
	NO DEDUCTION FOR DAMAGE & LOSS OF EMPLOYEE'S DURING THE MONTH OF NOVEMBER,2025									

NIMBUS HARBOR FACILITIES MANAGEMENT PVT. LTD.