Register of Deduction for Damage or Loss

Form 16 [See Rule 77 (1) (a)(ii)]

Name and Address of Contractor: AM ADMIN & SECURITY SERVICES PVT LTD, KHASRA NO-37/7/3, NEAR HIMALYA NURSERY, BEHIND RAJASTHAN RAJPATH PUMP, SAMALKA, DELHI-110037

Nature and Location of Work: Security & Manpower Services Provider, ANDAZ DELHI BY HYATT, GATE NO. 1, ASSET NO.1, HOSPITALITY DISTRICT DELHI, AEROCITY, NEW DELHI - 110037

Name and Address of Principal Employer: ANDAZ DELHI BY HYATT, GATE NO. 1, ASSET NO. 1, HOSPITALITY DISTRICT DELHI, AEROCITY, NEW DELHI - 110037

Name and Address of Establishment in/ under which Contract is Carried on:

For the month of --- Nov 2022

Sl.No.	Name of Workmen	Father's/ Husband's Name	Designation/ Nature of Employment	Particulars of Damage or loss	Date of Damage or loss	Whether Workman showed cause aginst deduction	Name of Person in whose presence Employee's explanation was heard	Amount of Deduction imposed	No.of Instalment s	First	Recovery Last Instalment	Remarks
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