

FORM
(SEE Rule 78 (1))

Register Of Deduction

Name and Address of Contractor Telecom Engineering
Servicing, C-194, Mayapuri, Ph-2
Delhi - 110064
Name and Address location of work Distribution
Projects & All Zonal schemes in
TPDL Area

Sl. No.	Name of Workman	Father's husband's name	Designation/ Nature of employment	Particulars of damage or loss	Date of Damage or loss	Whether workman showed cause against deduction
1	2	3	4	5	6	7
Nil						



XX
(A) (ii)

for Damage of Loss

Name and Address of Establishment in/under which contract is carried on

MONTH - AUGUST 2025

Name and Address of Principal Employer TPDL
33KV Grid S/Ws Gulab, Reph
Delhi - 110027

Attest

Name of person in whose presence employee's explanation was heard	Amount of deduction imposed	No. of instalments	Date of recovery		Remarks
			First Instalment	Last Instalment	
8	9	10	11	12	13
Nil					



17/09/25
RN-143887