FORM XX
[See Rule 78(1)(a)(ii)]

Register of Deduction for Damage or Loss

QUESS CORP LIMITED

Name & Address of Contractor:- Quess Corp Limited, B-1/I-1, 1st Floor, Mohan Co-Operative Industrial Estate, New Delhi - 110044.
Name & Address of Establishment In / under which contract is carried on :- Jones Lang Lasalle Pvt Ltd, Level 16, EPITOME Building No-5, Tower -C, DLF Cyber City, Phase-3, Gurgaon-122001, Haryan
Nature and Location of Work:- Operation & Maintenance of Electrical Installations, New Delhi
Name & Address of Principal Employer:- Schneider Electric (India) Pvt. Ltd., E&A, A-25, 1st Floor, Mohan Co-operative Industrial Estate, Mathura Road, Delhi - 110044, India.

S.N.	Name of workmen	Father's/ Husband's Name	Designation	Particulars of damage or loss	Date of damage or loss	Whether workmen showed cause against deduction	Name of person in whose presence employee's explanation was heard	Amount deduction imposed	No. of installments	Date of recovery		Remarks
										First installment	Last installment	
			No Deduction For Damage or Loss For the Month of DEC-2023									