Register of Deduction for Damage or Loss

Name and Address of Contractor **M/S TIP TOP ENTERPRISES,139, EWS FLATS, POCKET-9, NASIRPUR, DWARKA, SEC-1A, NEW DELHI-110045 INDIA**

Name and Address of the Establishment in / under which contract is carried on **M/S TIP TOP ENTERPRISES,139, EWS FLATS, POCKET-9, NASIRPUR, DWARKA, SEC-1A, NEW DELHI-110045 INDIA**

Nature and Location of work

Name and Address of the Principal Employer **P.E.-THE DELHI GOLF CLUB (COURSE),DR. ZAKIR HUSSAIN ROAD, NEW DELHI -110003 INDIA**

Sl. No.	Name of Workmen	Father's / Husband Name	Designation / Nature of Employment	Particulars of damage or loss	Date of Damage or loss	Whether workman showed cause against deduction	Name of Person in whose presence employee's was heard	Amount of deduction imposed	No. of installments	Date of Recovery		Remarks
										First Install-ments	Last Install-ments	
1	2	3	4	5	6	7	8	9	10	11	12	13

Certified that No Damage or Loss has been deducted

in the month of MAR., 2026

For M/S TIP TOP ENTERPRISES

Authorised Signatary

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