

FORM II(PW)

Register of deduction for damage or loss caused to the employer by the neglect or default of the employed persons.

Sr.No.	Name	Father's name	Department	Damage or loss caused	Whether worker showed cause against deduction or not; if so, enter date
1.	2.	3.	4.	5.	6.

Date and amount of deduction imposed	Number of instalments, if any, realise	Date on which total amount	Remarks
7.	8.	9.	10.