

FORM C

Format of register of Loan/Recoveries/Damage/Loss/Fine/Advance/Absence

Name of Establishment :

Labour Identification No :

Name and Address of Principal Employer :

Sr. Number in Employee / Workman / Worker Register	Name	Recovery type (Damage/Loss/fine/Advance/Loans/Absence)	Particulars	Date Of Damage/ Loss / Absence	Amount
1	2	3	4	5	6

Whether Show cause issued	Explanation heard in presence of	Number of instalments	First Month/ Year	Last Month / Year	Date of Complete Recovery	Remarks
7	8	9	10	11	12	13