FORM C

Register of Loan/Recoveries/Damage/Loss/Fine/Advance/Absence

Name of Establisment : RCS True Facilities Pvt Ltd, Surat,

Labour Identification No : 1258876554

Name & Address of Principal Employer: Rossari Biotech Limited, Dahej

Feb-26

Sr. 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 couse against deduction	Name of persons in whose presence employees's explaination was heard	Amount of deduction imposed	No. Of installment	Date of recovery	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	No Loan in the month of Feb-26										
	No Recoveries in the month of Feb-26										
	No Damage in the month of Feb-26										
	No Loss in the month of Feb-26										
	No Fine in the month of Feb-26										
	No Advance in the month of Feb-26										

FORM NO. 29

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

Name and addredd Contractor

RCS TRUE FACILITIES PVT LTD
110, SOMESWARA SQUARE
NEAR SOMESWARA GATE,
VESU, SURAT

Name & Address of Principal Employer: Rossari biotech limited
Dahej
Feb-26

Sr. No.	Name of injured person (if any)	Date of accident or dangerous occurrence	Time and mode of message to the Inspector	Date of report (in Form No. 17 to Inspector)	Nature of Accident or dangerous occurrence	Details of injury	Date of return of injured person to work	Number of days injured person was absent from work	Signature of employee	Signature of Manager	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	No Accidents or Dangerous Occurrences in the Month of Feb-26										

Note : To be in duplicate and perforated copy to be submitted to the Inspector at the end of the month.