

## FORM C

### REGISTER OF LOAN / RECOVERIES / DAMAGE / LOSS / FINE / ADVANCE / ABSENCE

Name of Establishment:

LIN:

Name and Address of Principal Employer:

LIN of Principal Employer:

Sr. No.	Sr. Number In Employee register	Name	Recovery Type (Damage/loss/fine/advance/loans/Absence)	Particulars	Date of damage/Loss/Absence*	Amount	Whether show cause issued*	Explanation heard in presence of*	Number of Instalments	First Month/Year	Last Month/Year	Date of Complete Recovery	Remarks
	1	2	3	4	5	6	7	8	9	10	11	12	13