FΟ	31	16	14

ACCIDENT BOOK

[Regulation - 66]

(Employee's State Insurance Corporation)

Name & address of the Contractor: GENIUS CONSULTANTS LIMITED, A-25, 2nd Floor, Mohan Co-operative Industrial Estate, New Delhi - 110 044

Name & address of establishment in/ under which contract is carried on :Cipla ltd.M2M,J.R.Complex No.5,HCMR Farms Village Mandoli ,Near Seva Dham delhi-1100933

Name and location of work : Cipla Ltd. New delhi

Name and Address of Principal Employer: Cipla ltd.M2M,J.R.Complex No.5,HCMR Farms Village Mandoli ,Near Seva Dham delhi-110093

SI. No. D				Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY						Name,	Signature &	Remarks if any
	Notice	Notice						Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury	Occupation, address & sign. or the thump impression of the person	designation of the person who makes the entry	
			No Acc	cident	Happ	ened in	the mon	th AU	G-2022							
											ľ					