

**FORM -11**

**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.C-116-B,Road No. 8, VKI Area,Sikar Road, JaipurPIN - 302013

Name and location of work :cipla Ltd. cipla Ltd. JAIPUR ,RAJASTHAN

Name and Address of Principal Employer : C-116-B,Road No. 8, VKI Area,Sikar Road, JaipurPIN - 302013

Sl. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY				Name, Occupation, address & sign. or the thump impression of the person	Signature & designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any
								Date	Time	Place	Cause of injury				
			No Accident Happened in the month FEB-22												

