

FORM -11

# ACCIDENT BOOK

(Employee's State Insurance Corporation)

[Regulation - 66]

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 | Nature of injury |   |   |   |                |
|         |                |                | No Accident Happened in the month JAN-22 |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|         |                |                |  |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
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