

FORM -11

# ACCIDENT BOOK

[Regulation - 66]

(Employee's State Insurance Corporation)

Name & address of the Contractor : GENIUS CONSULTANTS LIMITED,Unit No. 515 A, 5th Floor DLF Prime Tower,Okhla Phase 1 New Delhi -110020

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-110093

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

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			Nature of injury	What exactly was the injured person doing at the time of 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						
			No Accident Happened in the month JAN-22													

