

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						Name, Occupation, address & sign. or the thump impression of the person giving notice	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	What exactly was the injured person doing at the time of injury				
No Accident Happened in the month MAR-22																	

