

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.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

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					What exactly was the injured person doing at the time of injury									
			No Accident Happened in the month OCTOBER-2023																							

