

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.khasra no.1307-1310,Morta,Adjacent to vardhmanpuram police chowki,delhi meerut Road,Ghaziabad-201003

Name and location of work :cipla Ltd. GHAZIABAD,UTTAR PRADESH

Name and Address of Principal Employer : Cipla Ltd.khasra no.1307-1310,Morta,Adjacent to vardhmanpuram police chowki,delhi meerut Road,Ghaziabad-201003

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					
			No Accident Happened in the month JAN-22												

