

FORM 11  
Accident Book  
Employee State Insurance Corporation  
(Regulation 66)

Name and address of contractor..... **BCL SECURE PREMISES PVT. LTD.**

Name and address of establishment in/under

..... Plot No-14 A , Sec-18 ,  
Maruti Industrail Complex , Gurgaon

M/s Cipla Limited  
Mandoli City-New Delhi State-Delhi

Nature and location of work ..... Security Management  
..... New Delhi

Name and address of principal employer..... M/S Cipla Limited

Mandoli City-New Delhi State-Delhi

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S r. N o	Date of Notice	Time of Notice	Name and Address if the injured person	Sex	Age	Insurance No	Shift department and occupation of the employee	Cause	Nature	Date	Time	Place	What exactly was the injured person doing at the time of accident	Name, Occupation, address and signature or the thumb impressio n of the person(s) giving notice	Signature and designati on of the person who makes the entry in the Accident Book	Name, address and occupatio n of two witnesses	Remarks , if any
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
			No Accident in the Month of Dec-2022														

For BCL Secure Premises Pvt. Ltd.

  
Authorised Signatory