

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.C-116-B,Road No. 8, VKI Area,Sikar Road, JaipurPIN - 302013

Name and location of work : Cipla Ltd.C-116-B,Road No. 8, VKI Area,Sikar Road, Jaipur PIN - 302013

Name and Address of Principal Employer : C-116-B,Road No. 8, VKI Area,Sikar Road, JaipurPIN - 302013

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 JULY-2022																	

