

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	Cause of injury					Nature of injury	What exactly was the injured person doing at the time of injury
			No Accident Happened in the month MAY-2022														

