ACCIDENT BOOK

Regulation 66 FORM-XI

NAME AND ADDRESS OF CONTRACTOR

Nimbus Harbor Facilities Management Pvt. Ltd.H 305, Sushant Shopping Arcade, Sushant Lok I, Gurugram, Haryana

NATURE AND LOCATION OF WORK

Facilities Services Provided at M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

NAME AND ADDRESS OF ESTABLISHMENT IN/WHICH CONTRACT IS CARRIED ON

NAME AND ADDRESS OF PRINCIPAL EMPLOYER

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Deihi -110070

						Serial No
						Date of notice
						Time of notice
						Name and address of the injured person
						Sex
r			NO			Age
			ACCIDENT OC			Insurance No
			NO ACCIDENT OCCURED DURING THE MONTH OF OCTOBER,2024			Shift, department and occupation of employee Injury Date Time Place
			MON			lnjury
L			TH OF			Date Ti
-	-		осто			me Pla
			3ER,20			
			24			Cause of injury
						What exactly was the injured person Nature of doing at the time of injury
						What exactly was Name, occupation, address Signature and Name, address the injured person and signature or the thumb designation of the and occupation of two injury giving notice Signature on the number of least occupation of two makes the entry witnesses
						Asignature and designation of the and occup person who makes the entry witnesses
						Name, address and occupation of two witnesses
					-	Remarks, if

