ACCIDENT BOOK

FORM-XI

Regulation 66

NAME AND ADDRESS OF CONTRACTOR

NATURE AND LOCATION OF WORK Vimbus Harbor Facilities Management Pvt. Ltd.H 305, Sushant Shopping Arcade, Sushant Lok I, Gurugram, Haryana

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

NAME AND ADDRESS OF ESTABLISHMENT INWHICH CONTRACT IS CARRIED ON

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

NAME AND ADDRESS OF PRINCIPAL EMPLOYER

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

			Serial No Date of notice
			Time of notice
			Name and address of the injured person
			Sex
	NO AC		Age
	CIDENT OCCL		Insurance No
	NO ACCIDENT OCCURED DURING THE MONTH OF NOVEMBER, 2024		Shift, department and occupation of employee injury Date Time Place
	MONTH		Injury D
	OF NO		late Time
	VEMBE		Place
	R,2024		Cause of injury
			What the in Nature of doing injury injury
			What exactly was the injured person f doing at the time of injury
			Name, occupation, address and signature or the thumb impression of the persons giving notice
			Signature and Name, add designation of the and occup person who of two makes the entry witnesses
			Remarks, if any

