ACCIDENT BOOK

FORM-XI

Regulation 66

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

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	Age	Insurance No	Shift, department and occupation of employee	Injury	Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury	Name, occupation, address and signature or the thumb impression of the persons giving notice	Signature and designation of the person who makes the entry	Name, address and occupation of two witnesses	Remarks, if any
NO ACCIDENT OCCURED DURING THE MONTH OF NOVEMBER,2025																		

NIMBUS HARBOR FACILITIES MANAGEMENT PVT. LTD.