ACCIDENT BOOK

FORM 11

Regulation 66

NAME AND ADDRESS OF CONTRACTOR

NIMBUS HARBOR FACILITY MANAGEMENT (P) LTD,H 305, Sushant Shopping Arcade, Sushant Lok I, Gurgaon, HR

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

Sanskriti School,Dr.Radhakrishan Marg, Chanakyapuri New Delhi-110021

NATURE AND LOCATION OF WORK

Sanskriti School,Dr.Radhakrishan Marg, Chanakyapuri New Delhi-110021

NAME AND ADDRESS OF PRINCIPAL EMPLOYER

Sanskriti School,Dr.Radhakrishan Marg, Chanakyapuri New Delhi-110021

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 OCCURRED DURING THE MONTH OF AUG 2022																	