**FORM 11**

**Accident Book**

**Employee State Insurance**

**Corporation(Regulation 66)**

Principal Emp.: **Visitor Centre Red Fort** Netaji Subhash Marg, Chandni Chowk,Delhi -110006 Housekeeping & Maintenance Services

Name and address of establishment in/under which contractor is carried on: **Cushman& Wakefield Property Management Services India Pvt.Ltd.**

Name and Add. Of the Contractor: **LISA** 205 IInd Floor, Plot No.12, Aditya Commercial Complex, Preet Vihar, Delhi -110092

ESIC Code No.10000502740001001

| Sl.No | Date of Notice | Time of Notice | Name and address of injured person | Sex | Age | Insurance No. | Shift, department and occupationof the employee | Details of Injury | | | | | What exactly was the injured person doing atthe timeof accident | Name, Occupation, address and signature or the thumb impression of the person(s) giving notice | Signatureand Designation of the person who makes the entryin the Accident Book | Name, address and occupation of two witnesses | Remarks, if any |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Cause | Nature | Date | Time | Place | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | **No Accident in the Month of February 2023** | | | | | | | | | |

