FORM 11

Accident Book

Employee State Insurance

Corporation(Regulation 66)

Principal Emp. : **Visiter Center 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 occupation of the employee	Details of Injury					What exactly was the injured person doing at the time of accident	Name, Occupation, address and signature or the thumb impression of the person(s) giving notice	Signature and designation of the person who makes the entry in 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 January 2023									

