ACCIDENT BOOK

FORM - 11

(Regulation 66)

(Employee's State Insurance Corporation)

FEB- 2023

Name and Address of Contrector: **Limitless Security & Facility Management Pvt Ltd Unit 615-616,Ocus Quantam,Sec-51 Gurugram Haryana**
Nature and location of wark: **Facility Services**
Name and Address of Establisment in/ Under which contract is carried on: **Cushman & Wakefield Property Management Services India Pvt. Ltd.**
6th Floor,Awfis, Lotus Bsiness Park, Noida,Gautam Buddha Nagar Uttar Pradesh, 201304
Name and address of Principal Employer: **M/s Red Fort**
B - IND - DEL - Red Fort, RedfortLal Quila, delhiDelhi 110006 Delhi India

Sr. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY						Name, Occupation, address & sign. or the thump impression of the	Signature & designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any
								Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury				
THERE IS NO ACCIDENT FOR THE MONTH OF FEB- 2023																	

Limitless Security & Facility Management Pvt. Ltd.