FORM - XV REGULATION - 66 ACCIDENT REGISTER

NAME & ADDRESS OF THE CONTRACTOR:-

NAME & LOCATION OF WORK :- Housekeeping & Technical / Delhi

A2Z INFRASERVICES LIMITED

O - 116, FIRST FLOOR, SHOPPING MALL, DLF CITY, PHASE - I,

ARJUN MARG, GURGAON - 122002 (HARYANA) INDIA

NAME & ADDRESS OF PRINCIPAL EMPLOYER :-Bloom Public School Delhi

Location:- Delhi

INIURY

Name,

DELHI

| | | | | | | INJURY | | | | | Name, | | | |
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| SL/NO. | DATE OF NOTICE | Name & Address of the Injured Person | Sex | Insureance No. | Shift Department & Occupation of the Employee | Date | Tijme | Place | Cause of Injury | What Exactly was the Injured Person at the time of Injury | Occupation, Address & Sign or Themb Impresson Person giving Notice | Signature & Designatin of the Perosn Who Makes the Entry | Name Address & Occupatio n of Two Witnesses | Remarks if Any |
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