FORM - XV
REGULATION - 66
ACCIDENT REGISTER

NAME & ADDRESS OF THE CONTRACTOR:-
A2Z INFRASERVICES LIMITED
O - 116, FIRST FLOOR, SHOPPING MALL, DLF CITY, PHASE - I,
ARJUN MARG, GURGAON - 122002 (HARYANA) INDIA

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

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

Location:- Delhi

SL/NO.	DATE OF NOTICE	Name & Address of the Injured Person	Sex	Insureance No.	Shift Department & Occupation of the Employee	INJURY					Name, Occupation, Address & Sign or Themb Impresson Person giving Notice	Signature & Designatin of the Perosn Who Makes the Entry	Name Address & Occupation of Two Witnesses	Remarks if Any
						Date	Tijme	Place	Cause of Injury	What Exactly was the Injured Person at the time of Injury				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

No any accident occure During the Month of May - 2017

For A2Z Infraservices Limited
Authorized Signatory

Authorised Signatory