	EMPLOYEES' STATE INSURANCE CORPORATION																				
	FORM 15																				
								ACCID	ENT BOOK												
								(Regu	lation 66)												
Name &	Address of Em	ployer	M/S A2Z INFRASERVIC	ES L	TD. O-116 F	67690469740011001															
Name	& Address of I	Principal Employer	M/S TCS LTD. C-30/7 A	, Sec	-62 Noida																
SI. No.			Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the	Details of Injury					Name, occupation,	Signature and							
	Date of Notice							Cause	Nature	Date	Time	Place	the injured person	address and signature or the thumb impression of the person(s)	of the	address and occupation of	Remarks, if any				
1		No any accident occure During the Month of Feb-2021																			
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<u> </u>												_									
															Initials & Stamp of Contractor						

For A2Z Intraservices Limited -Authorized Signatory