EMPLOYEES' STATE INSURANCE CORPORATION																		
	FORM 15																	
	ACCIDENT BOOK																	
								(Regu	ılation 66)									
Name & Address of Employer			M/S A2Z INFRASERVICES LTD. O-116 FIRST FLOOR SHOPPING MALL ARJUN MARG DLF PH-1 GUI ESIC Code no.												69000469740001001			
Name 8	Address of P	rincipal Employer	M/S TCS LTD., PTI Build	ding S	ansad Marg	New Delhi					•							
Sl. 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	Time of Notice						Cause	Nature	Date	Time	Place	the injured person	address and signature or the thumb impression of the person(s)	person who	address and occupation of	Remarks, if any	
1		No any accident occure During the Month of Aug - 2022																
				1														
				<u> </u>						-	-	-						
											1							
															Initi	als & Stamp	of Contractor	

For A2Z Intraservices Limited

Authorized Signatory