	EMPLOYEES' STATE INSURANCE CORPORATION																
							EMPLOYEE	S' STATE IN	ISURANCE	CORPORAT	TION						
	FORM 15																
	ACCIDENT BOOK																
								(Regu	ulation 66)								
Name & Address of Employer			M/S A2Z INFRASERVICES LTD. O-116 FIRST FLOOR SHOPPING MALL ARJUN MARG DLF PH-1 GU∮ESIC Code no.											69000469740001001			
Name 8	Address of P	rincipal Employer	M/S TCS LTD., PTI Building Sansad Marg New Delhi														
SI. No.	Date of	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the	Details of Injury					Name, occupation,	Signature and Name,			
								Cause	Nature	Date	Time	Place	the injured person	address and signature or the thumb impression of the person(s)	designation of the person who makes	f address and occupation of	Remarks, if any
1		No any accident occure During the Month of Sep - 2022															
		,															
															Initi	ials & Stamp	of Contractor

For A27 Infraservices Limited

Authorized Signatory