	EMPLOYEES' STATE INSURANCE CORPORATION																
	FORM 15																
	ACCIDENT BOOK																
	(Regulation 66)																
Name &	Address of Emp	oloyer	M/S A2Z INFRASERVIC	ES L	ΓD. O-116 F	69000469740001001											
Name	& Address of F	rincipal Employer	M/S TCS LTD., PTI Build	ding S	ansad Marg	New Delhi											
SI. No.				Sex Age		Insurance No.	Shift, department and Occupation of the	Details of Injury				What	Name, occupation,	Signature and Name			
	Date of Notice		Name and Address of Injured Person		Age			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	address and occupation of	Remarks, if any
1		No any accident occure During the Month of Feb - 2017															
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				1						1							
				<u> </u>						1							
-															Init	als & Stamp	of Contractor

For A2Z Infraservices Limited

Authorised Signatory