EMPLOYEES' STATE INSURANCE CORPORATION																		
	FORM 15																	
ACCIDENT BOOK																		
	(Regulation 66)																	
Name & A	Address of Emp	loyer	M/S A2Z INFRASERVIC	ES L1	ΓD. O-116 F	69000469740001001												
Name	& Address of P	rincipal Employer	M/S TCS LTD., PTI Build	ding S	ansad Marg	New Delhi								•				
SI. No.			Name and Address of Injured Person	Sex		Insurance No.	Shift, department and Occupation of the	Details of Injury					Name, occupation,	Signature and N				
	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)	designation of the person who makes	and	Remarks, if any	
1		No any accident occure During the Month of March - 2023																
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-				-														
-				1		+					1							
						1												
														Initials & Stamp of Contracto				

For A27 Infraservices Limited

Authorized Signatory