	EMPLOYEES' STATE INSURANCE CORPORATION																	
	FORM 15																	
ACCIDENT BOOK																		
								(Regi	ulation 66)									
Name & A	Address of Em	oloyer	M/S A2Z INFRASERVICES LTD. O-116 FIRST FLOOR SHOPPING MALL ARJUN MARG DLF PH-1 GU ESIC Code no.												11690469744011001			
Name	& Address of I	Principal Employer	M/S TCS LTD., A-27 SA	RITA	VIHAR Delh	i								•				
SI. No.		Time of Notice	Name and Address of Injured Person	Sex A		Insurance No.	Shift, department and Occupation of the	Details of Injury					Name, occupation,	Signature and Name,				
	Date 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 April - 2019																
				1						1								
				1								-					-	
				-											+		+	
				+											-		+	
																	+	
															Initi	als & Stamp	of Contractor	

For A27 Infraservices Limited

Authorized Signatory