EMPLOYEES' STATE INSURANCE CORPORATION																	
	FORM 15																
ACCIDENT BOOK																	
(Regulation 66)																	
Name & A	ddress of Emp	oloyer	M/S A2Z INFRASERVICES LTD. O-116 FIRST FLOOR SHOPPING MALL ARJUN MARG DLF PH-1 GULESIC Code no. 11690469744011001														
Name & Address of Principal Employer M/S TCS LTD., A-27 SARITA VIHAR Delhi																	
SI. No.			Name and Address of Injured Person	Sex A		Insurance No.	Shift, department and Occupation of the	Details of Injury					Name, occupation,	Signature and			
	Date 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 Feb - 2022															
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1					1	1			1						Initi	als & Stamp	of Contractor

For A22 Intraservices Limited