FORM - XV REGULATION - 66 ACCIDENT REGISTER

NAME & ADDRESS OF THE CONTRACTOR:-

NAME & LOCATION OF WORK :- Housekeeping & Technical / Delhi

A2Z INFRASERVICES LIMITED

O - 116, FIRST FLOOR, SHOPPING MALL, DLF CITY, PHASE - I,

ARJUN MARG, GURGAON - 122002 (HARYANA) INDIA

NAME & ADDRESS OF PRINCIPAL EMPLOYER :-Bloom Public School Delhi

Location:- Delhi

Name, Name, DELHI

SL/NO.	DATE OF NOTICE	Name & Address of the Injured Person	Sex	Insureance No.	Shift Department & Occupation of the Employee	INJURY					Nume,			1
						Date	Tijme	Place	Cause of Injury	What Exactly was the Injured Person at the time of Injury	Occupation, Address & Sign or Themb Impresson Person giving Notice	Signature & Designatin of the Perosn Who Makes the Entry	Name Address & Occupatio n of Two Witnesses	Remarks if Any
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Authorised Signatory

Authorised Signatory