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						_	ULATION							
						ACCID	ENT REG							
		OF THE CONT	RACTOR:-					1	NAME & L	OCATION O	F WORK :-	Housekeepin	g & Techni	cal / Delhi
	RASERVICES				_ ,									
		R, SHOPPING	-	-	= - <i>I,</i>					N	AME & ADD	RESS OF PRIN	NCIPAL EM N Public Scl	
		GAON - 12200	JZ (HARYAI	NA) INDIA								DIUUII		DELHI
Location:- Delhi							INJURY					<u> </u>	, ,	DLLIII
SL/NO.	DATE OF NOTICE	Name & Address of the Injured Person	Sex	Insureance No.	Shift Department & Occupation of the Employee	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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		No	any ac	cident	occure 1	Buring	the N	ionth.	of Feb	- 2017		A2Z Infraser	vices Lin	nited
			I	1	1	I	I	I	<u> </u>	1	<u> </u>	Authori	sed Signa	itory
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