

ACCIDENT BOOK (Regulation 66) FORM 15

Contractor Name **INNOVISION LIMITED.**

Name and Address of Principal Employer
M/s Escorts Health Institute and Reserch Centre LTD
Okhla Road, New Delhi-110025

Employer's Code no: **69201002170011001**

SL No	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance Number	Shift & occupation of Employee	Date	Time	Place	Cause Of Injury	Nature of Injury	What exactly was the injured person doing at the time of injury	Name occupation address & signature or thumb impresion of the person given notice	Signature & Description of the person who make the entry	Name address & Occupatio n of two witnesses	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
No accident during the month of Jan-23																	
No accident during the month of Feb-23																	
No accident during the month of Mar-23																	
No accident during the month of Apr-23																	
No accident during the month of May-23																	
No accident during the month of Jun-23																	
No accident during the month of Jul-23																	
No accident during the month of Aug-23																	
No accident during the month of Sep-23																	
No accident during the month of Oct-23																	
No accident during the month of Nov-23																	
No accident during the month of Dec-23																	

