

ACCIDENT BOOK

(Regulation 66)

FORM 11

Name of The Company: INNOVISION LIMITED.

Employer`s Code no: 20001002170001001

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 of the person given notice	Signature & Description of the person who make the entry	Name address & Occupation 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 MARCH-2021

NO ACCIDENT DURING THE MONTH OF APRIL-2021

NO ACCIDENT DURING THE MONTH OF MAY-2021

NO ACCIDENT DURING THE MONTH OF JUNE-2021

NO ACCIDENT DURING THE MONTH OF JULY-2021

NO ACCIDENT DURING THE MONTH OF AUGUST-2021

NO ACCIDENT DURING THE MONTH OF SEPTEMBER-2021

NO ACCIDENT DURING THE MONTH OF OCTOBER-2021

NO ACCIDENT DURING THE MONTH OF NOVEMBER-2021

Innovision Limited


Authorised Signatory