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Name and address of establishment in/under which contract is carried on
Name and address of principal employer: **Tata Power Delhi Distribution Limited**

1	Sl. No.	
2	Date of Notice	
3	Time of Notice	
4	Name and Address of Injured Person	
5	Sex	
6	Age	
7	Insurance No.	
8	Shift, department and Occupation of the employee	
9	Details of Injury Cause Nature Date Time Place What exactly was the injured person doing at the time of accident Name, occupation, address and signature or the thumb impression of the person(s) giving notice Signature and designation of the person who makes the entry in the Accident Book Name, address and occupation of two witnesses Remarks, if any	
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No Accident in the month of August-2024

For SATYAM ENTERPRISES
Partner