

FORM 11
ACCIDENT BOOK
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 66)

Name and address of contractor: M/s Satyam Enterprises

Nature and location of work: Professional Services towards Enforcement Activity (CEG)

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																																
		Details of Injury																															
																		Cause				Nature				Date				Time			
																		9				10				11				12			
		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															
		14				15				16				17				18															

No Accident in the Month of August-2025

For SATYAM ENTERPRISES


Partner

Signature of the Employer

No Accident in the month of August-2025