

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

Sl. No.		Date of Notice		Time of Notice		Name and Address of Injured Person		Sex		Age		Insurance No.		Shift, department and Occupation of the employee		Details of Injury										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	
1	2	3	4	5	6	7	8	Cause	9	Nature	10	Date	11	Time	12											Place	13	14	15	16	17	18			

No Accident in the month of January-2025

For SATYAM ENTERPRISES
Authorized signatory