

FORM 11 (16)
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	St. 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						14	What exactly was the injured person doing at the time of accident	15	Name, occupation, address and signature of the person(s) giving notice	16	Signature and designation of the person who makes the entry in the Accident Book	17	Name, address and occupation of two witnesses	18	Remarks, if any

No Accident in the Month of June-2025

No Accident in the month of June-2025

Signature of the Employer

For SATYAM ENTERPRISES

Partner