

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

Name and address of contractor: **M/s Satyam Enterprises**

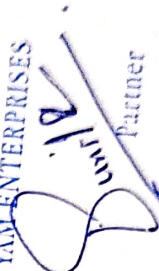
Nature and location of work: **Professional Services towards Enforcement Activity (CEG)**

Name and address of establishment in/under which contract is carried on

Name and address of principal employer: **Tata Power Delhi Distribution Limited.**

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
								Cause	Nature	Date	Time	Place					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

No Accident in the month of October-2025

For SATYAM ENTERPRISES

 Partner

Signature of the Employer