

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						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												
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		

No Accident in the Month of September-2024

For SATYAM ENTERPRISES


Partner

Signature of the Employer

No Accident in the month of September-2024