Register Under Employee's
State Insurance Regulation

ACCIDENT BOOK

(REGULATION 66)
FORM 11

Name and Address of Contractor: Lion Services Ltd.
210, Padma Tower -II
22, Rajendra Place
New Delhi - 110008
Employer's Code No. : 11001267540001000

Name & Address of Principal Employer:-

DELHI INTEGRATED MULTI MODEL TRANSIT SYSTEM LTD.
(A JOINT VENTURE OF GOVT.OF DELHI AND IDFC LTD.)
ISBT BUILDING, KASHMERE GATE,DELHI-110006

Serial No.	Date of Notice	Time of Notice	Name & address of the injured person	Sex	Age	Insurance Number	Shift Department and occupation of the employee	INJURY cause	INJURY Nature	INJURY Date	INJURY Time	INJURY Place	What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature or the thumb impression of the person(s) givind notice	Signature & designation of the person who makes the entry in Accident Book	name, address and occupation of two witnesses	Remarks if any
Nov-2019																	
	NO Accident of any employee during the month of NOV-2019																
Dec-2019																	
	NO Accident of any employee during the month of DEC-2019																

LION SERVICES LTD. Authorised Signatory