

# 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					Signature & designation of the person who makes the entry in Accident Book	name, address and occupation of two witnesses	Remarks if any	
								cause	Nature	Date	Time	Place				What exactly was the injured person doing at the time of Accident
	June-2019															
			No Accident at any employee during the month of June-2019													
	July-2019															
			No Accident at any employee during the month of July-2019													



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								cause	Nature	Date	Time	Place	What exactly was the injured person doing at the time of Accident			
	August - 2019															
	NO Accident of any employee during the month of August 2019.															

