

# ACCIDENT BOOK

(REGULATION 66)  
FORM 11

Name and Address of Contractor: **Lion Services Ltd.**  
210, Padma Tower -II  
22, Rajendra Place  
New Delhi - 110008

Name & Address of Principal Employer:-

Employer's Code No. 11001267540001099

THE ROSEATE -UNIT OF BIRD HOSPITALITY SERVICES PVT. LTD.  
KHASRA NO. 18/11, NH-8 0 HOSPITALITY DISTRICT  
VILLAGE SAMALKKA, OPP. 21ST MILE STONE -110037

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			INJURY			Remarks if any
								cause	Nature	Date	Time	Place	What exactly was the injured person doing at the time of Accident	
August-20														
No Accident of any employee during the month of August-20														

The stamp is circular and contains the text 'STATE INSURANCE REGULATIONS'. A signature is written over the stamp.



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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				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	Name, occupation, address & signature or the thumb impression of the person(s) giving notice					
<b>September-20</b>																			
<b>September-20</b>																			
<b>No Accident of any employee during the month of September-20</b>																			

LION SERVICES LTD.  
22, RAJENDRA PLACE  
NEW DELHI - 110008

*[Signature]*