

ACCIDENT BOOK

[Regulation - 66]

(Employee's State Insurance Corporation)

Name & address of Contractor : Impressions Services (P) Ltd. WZ-8/7, 1st Floor, Phili Kothi, Kirti Nagar Industrial Area, New Delhi-110015

Name & address of establishment in/under which contract is carried on : JONES LANG LASALLE PROPERTY CONSULTANTS (INDIA) PRIVATE LIMITED

Nature and location of work : HOUSE KEEPING DELHI.

Name and Address of Principal Employer : IBM INDIA (P) LTD. INDIA RESEARCH LAB_VASANT KUNJ NEW DELHI

Sl. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY				Name, Occupation, address & sign. or the thumb impression of the person giving notice	Signature & designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any	
								Date	Time	Place	Cause of Injury					Nature of Injury
NO ACCIDENT DURING THE MONTH OF OCT - 2020																

