FORM REGU	XI LATION	66									
	Register of ACCIDENT										
Employer's code			1	1100812510001000							
Name and Address of Contractor: Elite Facilities And Systems Pvt Ltd I-18,LAJPAT NAGAR-III											
S.no	Name of workm en	Father's name		Act/Omissi on for which fine Imposed	Date of Offence	workmen showed	Nature of person in whose presence employee's explanation was heard	Wages period and wages payable	amoun t of fine impos ed	Date on which fine realised	Remarks
No ACCIDENT TILL DATE IN THE MONTH OF FEB-2023											
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