FORM REGUI	XI LATION	66										
		Register of ACCIDENT										
Employer's code			1	1100812510001000								
Name		Iress of Co	ontractor: Elit	e Facilities <i>i</i>	And System	ns Pvt Ltd			,		_	
S.no	Name of workm en	Father's name	Desination/ Nature of Employmen t	Act/Omissi on for which fine Imposed	Date of Offence	Whether workmen showed cause against fine	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 ACC	CIDENT T	ILL DATE	IN THE N	MONTH OF AUG	3-2023				