FORM REGU	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	I	ı		Τ	ı
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	I CIDENT T	ILL DATE	I IN THE N	L MONTH OF OCT	-2023			