## FORM XI REGULATION 66

**Register of ACCIDENT** 

Employer's code

1100812510001000

## Name and Address of Contractor: Elite Facilities And Systems Pvt Ltd

I-18,LAJPAT NAGAR-III

	1			1				1	1		1
S.no	Name of workm en	Father's name		Act/Omissi on for which fine Imposed	Date of Offence	workmen showed	employee's explanation was	Wages period and wages payable	fino	Date on which fine realised	Remarks
No ACCIDENT TILL DATE IN THE MONTH OF SEP-2023											