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

S.no	Name of workmen	Father's name	Desination/ Nature of Employment	Act/Omission 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	amount of fine imposed	Date on which fine realised	Remarks
No ACCIDENT TILL DATE IN THE MONTH OF NOV-2023											