

**ACCIDENT BOOK
(Regulation 66)
FORM 15**

Name Of The Company: INNOVISION LIMITED.

Employer's Code no: 81201002170011000

SL No	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift & occupation of Employee	Date	Time	Place	Cause Of Injury	Nature of Injury	What exactly was the injured person doing at the time of injury	Name occupation address & signature or thumb impression of the person given notice	Signature & Description of the person who make the entry	Name address & Occupation of two witnesses	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

No accident during the month of **May-2024**

