

FORM NO. 29**REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

Name and address Contractor
 RCS TRUE FACILITIES PVT LTD
 110, SOMESWARA SQUARE
 NEAR SOMESWARA GATE,
 VESU, SURAT

Name & Address of Principal Employer: Rossari biotech limited
 Dahej
 Nov-25

Sr. No.	Name of injured person (if any)	Date of accident or dangerous occurrence	Time and mode of message to the Inspector	Date of report (in Form No. 17 to Inspector)	Nature of Accident or dangerous occurrence	Details of injury	Date of return of injured person to work	Number of days injured person was absent from work	Signature of employee	Signature of Manager	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
No Accidents or Dangerous Occurrences in the Month of Nov-25											

Note : To be in duplicate and perforated copy to be submitted to the Inspector at the end of the month.