## FORM -11

## **ACCIDENT BOOK**

[Regulation - 66]

(Employee's State Insurance Corporation)

Name and address Of Contractor: SNOWHILL RAINBOW PVT .LTD N-304 MANGOL PURI -110083

Name & Address of Establishment In/Under which Contract carried on: C&W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025

Nature and Location of work: Horticulture services At DLF EMPORIO MALL VASANT KUNJ NEW DELHI -110070

Name & address of Principal Employer: C&W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025

SI. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	Date	Time	Place	NJURY Cause of injury		deingarea person	address & sign. or	designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any
				The	<u>re is n</u>	<u>o accid</u>	dent in the										
														•			
							·							•			
							·							•			
														•			