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 Tower Shivaji Marg New Delhi

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	INJURY					Name, Occupation,		Name, address &		
								Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury	address & sign. or the thump impression of the person giving notice	the person who	witnesses	
				The	re is n	o accid	lent in the	month	of 31/	03/202	20						
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