FORM [Regulat						ı	(Employee's State	ACCIDENT E))							
Name and	address Of	Contractor	r: SNOWHILL RA	AINBOW PV	T .LTD N-30	4 MANGOL	PURI -110083										
Name & Ad	dress of Es	tablishme	nt In/Under whic	ch Contract	carried on:	C&W PMSI	PVT.LTD JA -1120-	-1121 - 11TI	H FLOWER	DISTT. CENT	ER JASOLA	NEW DELHI	-110025				
Nature and	l Location o	of work :Ho	orticulture service	es At DLF 1	Tower Shiva	ji Marg Nev	v Delhi										
Name & ad	ldress of Pr	incipal Em _l	ployer: C&W PM	ISI PVT.LTD	JA -1120-1	121 - 11TH I	FLOWER DISTT. CE	NTER JASOI	LA NEW DE	LHI -110025	l						
SI. No.	Date of	Time of	Name & Address	Sex	Age	Insurance No	Shift, Department &				INJURY			Name, Occupation,	Signature &	Name, address &	Remarks if any
	Notice	Notice	of the injured person				Occupation of the Employee	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	designation of the person who makes the entry	occupation of two witnesses	
			There is no accident in the month of Apr.,2020														
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													(*(=	10 L	105	Sal	
													(3/3	While Rains	CES	VIEL	
													Me	NO			