FORM -11

ACCIDENT BOOK

[Regulation - 66]

(Employee's State Insurance Corporation)

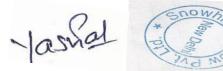
Name and address Of Contractor: SNOWHILL RAINBOW PVT .LTD N-304 MANGOL PURI -110083

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 Jasola Tower A&B

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

Sl. No.	Date of	Time of	Name &	Sex	Age	Insurance	Shift, Department	INJURY						Name,	Signature &	Name, address
	Notice	Notice	Address of the			No	& Occupation of	Date	Time	Place	Cause of	Nature of	What exactly was	Occupation,	designation	& occupation of
			injured person				the Employee				injury	injury	the injured person	address & sign. or	of the person	two witnesses
													doing at the time of	the thump	who makes	
													injury	impression of the	the entry	
														person giving		
														notice		
			There is no accident in the month of June,2020													
			There is no desident in the month of duffe,2020													





Remarks if any

