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ACCIDENT BOOK

[Regulation -

(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 Place MAL SAKET NEW DELHI

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	ance Shift, INJURY							Name,	Signature &	Name, address	Remarks if
	Notice	Notice	Address of the			No	Department &	Date	Time	Place	Cause of	Nature of	What exactly	Occupation,	designation	& occupation	any
			injured person				Occupation of				injury	injury	was the	address & sign.	of the	of two	
							the Employee						injured person	or the thump	person who	witnesses	
													doing at the	impression of	makes the		
													time of injury	the person	entry		
														giving notice			
			1	There is no accident in the month of July,2020													



