

FORM -11

[Regulation - 66]

ACCIDENT BOOK
(Employee's State Insurance Corporation)

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

Name and address of establishment in/under which contract is carried on : DLF YPCC

Nature and Location of work :Horticulture services At DLF Tower Chanakaypuri 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 Notice | Time of Notice | Name & Address of the injured person | Sex | Age | Insurance No | Shift, Department & Occupation of the | INJURY | | | | | Name, Occupation, address & sign. or the thump | Signature & designation of the person | Name, address & occupation of two witnesses | Remarks if any | |
|--|----------------|----------------|--------------------------------------|-----|-----|--------------|---------------------------------------|--------|------|-------|-----------------|------------------|--|---------------------------------------|---|----------------|-------------------------------------|
| | | | | | | | | Date | Time | Place | Cause of injury | Nature of injury | | | | | What exactly was the injured person |
| | | | | | | | | | | | | | | | | | |
| There is no accident in the month of July,2020 | | | | | | | | | | | | | | | | | |
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