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 Aug.,2020														