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ACCIDENT BOOK

[Regulation -

(Employee's State Insurance Corporation)

[SEE RULE 78(1)(A)(II)]

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 Promenade Mall, Vasant Kunj New Delhi

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

SI.	Date of	Notice Addres	Name &	ress of injured	Age	ge Insurance No	Shift, Department & Occupation of the Employee	INJURY					Name,	Signature &	,	Remarks	
No. Noti	Notice		e Address of the injured person						Time	Place	Cause of injury	Nature of injury	was the injured person	address & sign. or the		occupation of	any
													doing at the	thump impression of	makes the entry		
													time of injury	the person	entry		
														giving notice			
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						<u> </u>											
			TI	nere	is no) accide	nt in the n	nontr	n ot A	UGUS	ST,2020)					

