FORM -11

ACCIDENT BOOK

[Regulation - 66]

(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 Jasola Tower A&B

Name & address of Principal Employer: C&W PMSI PVIJR Sood & Co. Pvt. Ltd-Delhi (JR Sood & Co. Pvt. Ltd-Delhi)

SI.	Date of	Time	Name &	Sex	Age	Insurance	Shift,	INJURY						Name,	Signature	Name,	Remarks
No.	Notice	of	Address of			No	Department	Date	Time	Place	Cause	Nature	What exactly	Occupation,	&	address &	if any
		Notice	the injured				&				of	of	was the	address &	designatio	occupation	
			person				Occupation				Injury	Injury	injured	sign. or the	n of the	of two	
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