11

ACCIDENT BOOK

[Regulation - 66]

(Employee's State Insurance Corporation)

[see Rule 78 (1) (a) (III)]

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 DE

Nature and Location of work :horticulture services At DLF Prime Tower, Okhla, New Delhi

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

SI.				Sex	Age	Insura	Shift,	INJURY						Name,	Signature	Name,	Remarks
No.						nce No	Department &	Date	Time	Place	Cause	Nature	What exactly	Occupation,	&	address &	if any
			the				Occupation of				of injury	of injury	was the injured	address &	designatio	occupation	
			of t				the Employee						person doing	sign. or the	n of the	of two	
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	ė	ဗ္ပ	ddress										injury	impression	who		
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	of Notice	o to	& A I pe											giving notice	entry		
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	Date	Time	Name injured														
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			The	ere is r	no acc	ident re	eported at this	site f									
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