FORM -11

## **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	Time of	Name &	Sex	Age	Insurance	Shift,	INJURY						Name,	Signature &	Name,	Remarks if
No.	Notice	Notice	Address of the injured person		3	No	Department & Occupation of the Employee	Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury	Occupation, address & sign. or the thump impression of the person giving notice	designation of the person who makes the entry	address & occupation of two witnesses	any
			The	e is n	o acci	dent repo	orted at this si										

