FORM -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 DELHI -110025

Nature and Location of work :horticulture services At DLF Tower Jasola Tower A&B

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	Time of	Name &	Sex	Age	Insuranc	Shift,	INJURY					Name,	Signature	Name,	Remarks if	
	Notice	Notice	Address of			e No	Department &	Date	Time	Place	Cause of	Nature	What exactly	Occupation,	&	address &	any
			the injured				Occupation of				injury	of injury	was the injured	address &	designatio	occupation	
			person				the Employee						person doing at	sign. or the	n of the	of two	
													the time of	thump	person	witnesses	
													injury	impression of	who makes		
														the person	the entry		
														giving notice			
																	1
			No	No accident reported at this site for the month of May, 2021.													



