

FORM -54

ACCIDENT BOOK
(Employee's State Insurance Corporation)

[See Rule 150(1)(2)]

Name and address Of Contractor: Snowhill Rainbow Pvt. Ltd. N-304 Mangol Puri, NEW DELHI - 110

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 CANDOR TECH SPACE IT/ITES PARK INSTITUTIONAL PLOT NO B/2-62 SECTOR 62 NOIDA,

Name & address of Principal Employer: SHANTINIKETAN PROPERTIES PVT.LTD Plot No B-2 Sector 62 Noida U.P

Sl. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY						Name, Occupation & sign. or the thump impression of the person giving	Signature & designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any
								Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury				
There is no accident in the Month May.2021																	

Signature of the Contractor