FORM -11 [Regulation - 66]					ACCIDENT BOOK (Employee's State Insurance Corporation)								[See Rule 78 (1) (a) (III)]					
Name 8	ame and address Of Contractor: SNOWHILL RAINBOW PVT .LTD N-304 MANGOL PURI -110083 ame & 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 ature and Location of work :horticulture services At DLF Tower Jasola Tower A&B ame & address of Principal Employer: C&W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025																	
SI. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insuranc e No	Shift, 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	Name, Occupation, address & sign. or the thump impression of the person giving notice	Signature & designatio n of the person who makes the entry	Name, address & occupation of two witnesses	Remarks i any	
			No	accide	ent rep	orted a	t this site f	or the	month	of Auç	g., 2021	-						