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			
			No accident reported at this site for the month of July, 2021.														



