FORM -11

ACCIDENT BOOK

[Regulation - 66]

(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 City Center Mall, 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, Department INJURY											Name,	Signature &	Name, address	Remarks if
No.	Notice	Notice	Address of			No	& Occupation of	Date	Time	Place	Cause of	Nature of	What exactly	Occupation,	designation	& occupation	any
			the injured				the Employee				injury	injury	was the injured		of the person		
			person										person doing	sign. or the	who makes	witnesses	
													at the time of	thump	the entry		
													injury	impression of			
														the person			
														giving notice			
			The	re is r	no acc	ident rep	orted at this si										
			There is no accident reported at this site for the month of Sep., 2021.														

