FORM -11

[Regulation - 66]

ACCIDENT BOOK (Employee's State Insurance Corporation)

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 Shivaji Marg New Delhi

Name & address of Principal Employer: C&W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025

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



Remarks if any