

**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 J. R Sood & Co. Pvt. Ltd. Raja Garden, New Delhi**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 Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	INJURY					Name, Occupation, address & sign. or the thump impression of the person giving notice	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				
<b>There is no accident reported at this site for the month of Feb-022</b>																

