

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 New Delhi -110083 Postal Add. Office No.-106, RG Complex-1, Sec.- 14, Rohini, Delhi-85

Name and address of establishment in /under which contract is carried on : C&W PMSI PVT LTD DLF CITY CENTER MALLSHALIMAR BAGH NEW DELHI

Nature and location of work : Horticulture at DLF CITY CENTER MALL SHALIMAR BAGH 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	What exactly was the injured person doing at the time of injury					
			No accident reported at this site for the month of JAN.2022															

