

FORM -XII

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 DLF TOWER Shivaji Marg, Moti Nagar New Delhi

Nature and location of work : Horticulture at DLF TOWER Shivaji Marg, Moti Nagar 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
			No accident reported at this site for the month of JAN.2022													

