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,	Remarks
	Notice	Notice	Address of			e No	Department &	Date	Time	Place	Cause of	Nature	What exactly	Occupation,	&	address &	if any
			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	impression	who		
													time of	of the person			
													injury	giving notice	entry		
			71.	!	! .! .												
			l ine	ere is no	accide	nt repor											

