

## 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 DLF City Center Mall, 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 |      |       |                 | What exactly was the injured person doing at the time of 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                                                |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                | There is no accident reported at this site for the month of Sep.-2022 |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
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|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |
|         |                |                |                                                                       |     |     |              |                                                |        |      |       |                 |                                                                 |                                                                                       |                                                           |                                             |                |

