

**FORM -11**

[Regulation - 66]

**ACCIDENT BOOK**

(Employee's State Insurance Corporation)

[ see Rule 78 (1 ) (a) (III)]

Name and address Of Contractor: SNOWHILL RAINBOW PVT .LTD N-304 MANGOL PURI -110083

Name &amp; Address of Establishment In/Under which Contract carried on: C&amp;W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025

Nature and Location of work :horticulture services At DLF South Court Mall. - Saket, Okhla, New Delhi

Name &amp; address of Principal Employer: C&amp;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 in this site for the month of Oct., 2022</b> |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|   |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|   |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|   |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|   |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |
|   |                |                |                                      |     |     |              |  |        |      |       |                 |                  |   |   |   |                |

