FORM -11 [Regulation - 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	Insuran	Shift,	INJURY						Name,	Signature	Name,	Remarks
	Notice	Notice	Address of			ce No	Department	Date	Time	Place	Cause	Nature	What	Occupation,		address &	if any
			the injured				&				of injury	of injury	exactly was	address &	designatio	occupation	_
			person				Occupation						the injured	sign. or the	n of the	of two	
							of the						person	thump	person	witnesses	
							Employee						doing at	impression	who		
														of the person			
													injury	giving notice	entry		
			The	ere is	no ac	cident :	reported at	this s	ite for	the me	onth of	Nov2	022				
			4 , , , , · , , , , , , , , , , , , , , 														

