

**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 &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	What exactly was the injured person doing at the time of injury				
<b>There is no accident reported in this site for the month of Jan., 2023</b>																	

