FORM -11

ACCIDENT BOOK

[Regulation -

(Employee's State Insurance Corporation)

Name and address Of Contractor: RAINBOW HILL 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 AVENUE MALL SAKET 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 Notice	Name & Address of	Sex	Age	Insuranc e No	Shift, Department &	INJURY						Name,	Signature	Name,	Remarks if
	Notice							Date	Time	Place	Cause of	Nature	What exactly	Occupation,	&	address &	any
			the injured				Occupation of				injury	of injury	was the	address &	designation	occupation	
			person				the Employee						injured	sign. or the	of the	of two	
													person doing	thump	person	witnesses	
													at the time	impression of	who makes		
													of injury	the person	the entry		
														giving notice			
		No Accident in the month of April, 2023															
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