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	Name &	Sex	Age	Insuranc	Shift,	INJURY						Name,	Signature &	Name,	Remarks if		
	Notice	Notice	Address of			e No	Department &	Date	Time	Place	Cause of	Nature of	What exactly	Occupation,	designation	address &	any		
			the injured				Occupation of				injury	injury	was the	address &	of the	occupation			
			person				the Employee						injured	sign. or the	person who	of two			
													person doing	thump	makes the	witnesses			
													at the time of	impression of	entry				
													injury	the person					
														giving notice					
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			No Accident in the month of April 2024												-	5			
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