

FORM -11		ACCIDENT BOOK															
[Regulation - 66]		(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 Capital Green Phase-3, New Delhi.																	
Name & address of Principal Employer: C&W PMSI PVT.LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -110025																	
INJURY																	
Sl. No.	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance No	Shift, Department & Occupation of the Employee	Date	Time	Place	Cause of injury	Nature of injury	What exactly was the injured person doing at the time of injury	Name, Occupation, address & sign. or the thumb impression of the person giving notice	Signature & designation of the person who makes the entry	Name, address & occupation of two witnesses	Remarks if any
No accident reported at this site for the month of March-2024																	
																	