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

Sl. 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				
			No Assident in the month of August 2024															
			No Accident in the month of August- 2024													60		
															1300	12		
															(E) 1100	DA JEN		
															AMango	apon S		
															A Demi-	11000		
																	L	