


| FORM -11 | | | ACCIDENT BOOK | | | | | | | | | | | | | |
|--|----------------|----------------|---|-----|-----|--------------|---|--------|------|-------|-----------------|------------------|---|---|---|----------------|
| [Regulation - 66] | | | <i>(Employee's State Insurance Corporation)</i> | | | | | | | | | | | | | |
| 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 J. R Sood & Co. Pvt. Ltd. Raja Garden, 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 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 | | | | |
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| No accident reported at this site for the month of Oct.-2024 | | | | | | | | | | | | | | | | |
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