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		ĺ	e No	Department &	Date	Time	Place	Cause of	Nature of	What exactly	Occupation,	designation	address &	any
			the injured		ĺ		Occupation of				injury	injury	was the	address &	of the	occupation	
			person		ĺ		the Employee						injured	sign. or the	person who	of two	
				1	1								person doing	thump	makes the	witnesses	
				1	1								at the time of	impression of	entry		
				1	1								injury	the person			
				1	1									giving notice			
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			No Accident in the month of Dec 2024												_	-	1
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															TI MICHAEL		
			1												(AMango	Ipuri)	
															15	18/	
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