

FORM -11

[Regulation - 66]

ACCIDENT BOOK*(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

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				What exactly was the injured person doing at the time of 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					
No accident reported at this site for the month of Sept.-2025																

