FORM -11

[Regulation -

ACCIDENT BOOK

(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 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	What exactly was the injured person doing at the time of injury				
			No Accident in the month of Dec.-2025														