

**FORM -11****ACCIDENT BOOK****[Regulation - 66]***(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 Point (MLCP)**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				
			<b>No accident reported at this site for the month of Feb.-2026</b>														

