

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 | | | | |
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| | | | No accident reported at this site for the month of Jan.-2026 | | | | | | | | | | | | | | |
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