Form No. 11

(Regulation 66)

ACCIDENT BOOK

EMPLOYEES' STATE INSURANCE CORPORATION

ESIC Code No. 690637040011099

Serial No.	DATE OF NOTICE	TIME OF NOTICE	NAME AND ADDRESS OF INJURED PERSON	SEX	AGE	INSURANCE NO	SHIFT, DEPARTMENT, OCCUPATION OF TH EMPLOYEE	DETAIL OF INJURY					What exactly was the injured person doing at the time of accident	Name, occupation, address and signature or the thumb impression of the person(s) giving notice	Signature and designation of the person who makes the entry in the Accident Book	Name, address and occupation of two witnesses	Remarks, if any
								CASE	NATURE	DATE	TIME	PLACE					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	NO ACCIDENT HAS BEEN DONE IN THE MONTH OF-Dec-2022																

