FORM 11

ACCIDENT BOOK

EMPLOYEES STATE INSURANCE CORPORATION

(Regulation 66)

S.No	Date of Notice	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the Employee	Details of Injury				
								Cause	Nature	Date	Time	Place
1	2	3	4	5	6	7	8	9	10	11	12	13
No accident has been occurred during the month of April'23												

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
14	15	16	17	18
No accident has been occurred during the month of April'23				

