

FORM 11
ACCIDENT BOOK
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 66)

| Sl. 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 | | | | | 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 |
|---------|----------------|----------------|------------------------------------|-----|-----|---------------|--|-------------------|--------|------|------|-------|---|--|--|---|-----------------|
| | | | | | | | | Cause | Nature | Date | Time | Place | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | | | | | | | | | | | | |

No Accident in the Month of Aug 2022

Signature of the Employer