

Form No. 11
 (Regulation 66)
ACCIDENT BOOK
EMPLOYEES' STATE INSURANCE CORPORATION
ESIC Code No. 20000631420001001

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 14	Name, occupation, address and designation of the person who makes the entry in the Accident Book 16	Signature and designation of the person who gives notice 15	Name, address and occupation of two witnesses 17	Remarks, if any 18
1	2	3	4	5	6	7	8	9	10	11	12	13					
NO ACCIDENT HAS BEEN DONE IN THE MONTH OF DEC2023																	

