

FORM 11
ACCIDENT BOOK
EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 64A)

Details of injury

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 was the injured person doing at the time of accident	Name, address and signature of the person who makes the thumb impression of the person(s) giving notice	Signature of the person who makes the entry in the Accident Book	Name, address and occupation of two witnesses	Remarks
								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 June - 2024

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Signature of the Employer

