



EMPLOYEES' STATE INSURANCE CORPORATION

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REG. FORM -11

ACCIDENT BOOK

(Regulation 66)

| Sl. No. | Date of Notice | Time of Notice | Name & Address of Injured Person | Sex | Age | Insurance No. | Shift, department & 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 |
| | | | | | | | | | | | | |

| What exactly was the injured person doing at the time of accident | Name, Occupation address & 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 & Occupation of two witnesses | Remarks, if any |
|---|---|--|---|-----------------|
| 14 | 15 | 16 | 17 | 18 |
| | | | | |