

**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 THE EMPLOYEE | DETAIL OF INJURY |        |      |      |       | What exactly was the injured person doing at the time of accident<br>14 | Name, occupation, address and signature of the person who or the thumb impression of the person(s) giving notice<br>15 | Signature and designation of the person who makes the entry in the Accident Book<br>16 | Name, address and occupation of two witnesses<br>17 | Remarks, if any<br>18 |
|--|----------------|----------------|------------------------------------|-----|-----|--------------|---|------------------|--------|------|------|-------|---|--|--|---|-----------------------|
|  |                |                |                                    |     |     |              |   | CASE             | NATURE | DATE | TIME | PLACE |   |  |  |   |                       |
| 1  | 2              | 3              | 4                                  | 5   | 6   | 7            | 8   | 9                | 10     | 11   | 12   | 13    |   |  |  |   |                       |
| <b>NO ACCIDENT HAS BEEN DONE IN THE MONTH OF DEC2023</b> |                |                |                                    |     |     |              |   |                  |        |      |      |       |   |  |  |   |                       |

