## Form -11 Accident Book Employees State Insurance Corporation (Regulation 66)

## Name of the Factory/Establishment :

## ESI Code No.

							Ę	Details of Injury					What	Name,	Signature	Name,	Remarks
							occupation						exactly was	Occupatio n,	and designati	address and	, if any
			injured				dna						the injured	address and	on of the	occupatio n	
			nju										person	signature or	person who	of two	
			ofi				and						doing at the	the thumb	makes the	witnesses	
			ess										time of	impressio n	entry in the		
	8	9	addres				lepartmen employee						accident	of the	Accident		
	Notice	loti	d a			N N	art plc							person(s)	Book		
	of ∨	of Notice	n			nce								giving notice			
SI.No	Date (	Time	Name a person	×	e.	Insurance No	ift, the										
SI.	Da	Ē	pe pe	Sex	Age	lns	Sh of	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 Occurred during the Month OF March 2024																