



EMPLOYEES' STATE INSURANCE CORPORATION

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REG. FORM -11

ACCIDENT BOOK

(Regulation 66)

No Oct 2022

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

No Any Acc

FOR P.P. SECURITAS
[Signature]
Proprietor

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