



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM - 11

www.esickar.gov.in

ACCIDENT BOOK
(Regulation 66)

27/09/2022
P. SECURITAS
Authorized Signatory

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	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