FORM 11

Accident Book

Employee State Insurance Corporation

(Regulation 66)

							c	Details of Injury					What	Name,	Signature	Name,	Remarks
							department and occupation : employee						exactly	Occupatio	and	address	, if any
			ed				edn						was the	n, address	designati	and	
			of injured				CCI						injured	and	on of the	occupatio	
			fin				o pi						person	signature	person	n of two	
			0 53				tar						doing at	or the	who	witnesses	
			lres				ent ee						the time	thumb	makes		
	of Notice	Notice	address			No.	lepartmer employee						of	impressio	the entry		
	Not	No	and a			ce N	par np						accident	n of the	in the		
	of I	of	e ar			an	de e er							person(s)	Accident		
SI.No	Date	Time	Name a person	×	Ð	Insura	Shift, c of the							giving	Book		
SI.	Da	Ë	Na pe	Sex	Age	lns	Sh of	Cause	Nature	Date	Time	Place		notice			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18