

**FORM 11**  
**ACCIDENT BOOK**  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
*(Regulation 66)*

Sl. No.	Date of Notice	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and 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

<i>What exactly was the injured person doing at the time of accident</i>	<i>Name, occupation, address and signature or the thumb impression of the person(s) giving notice</i>	<i>Signature and designation of the person who makes the entry in the Accident Book</i>	<i>Name, address and occupation of two witnesses</i>	<i>Remarks, if any</i>
14	15	16	17	18