



EMPLOYEE STATE INSURANCE CORPORATION

FORM 12 (REGULATION 68)

E.S.I. CORPORATION

ACCIDENT REPORT

Name of Employer: TECHNO INDUSTRIES

Code No: 37370162460010699

Branch Office:BO - ISANPUR

Nature of Industry/business: Address of premises where accident happened :	Factory without Power	Name of insured person: AZHAR ANSARI	
	Plot no 5-6-7 Devraj Industrial Park Piplaj Pirana Road Piplaj Ahmedabad	Address of insured person:	Insurance No : 3711921866
		B 24 Sarfraj Nagar Society Saiyadwadi Vatva Ahmedabad Ahmedabad Gujarat	Gender : M
			Age (Last birthday) : 36
			Occupation : Welder
			Hour at which work was started: 8:30 AM
Date and hour of Accident :	13/04/2023 10:00 AM	Shift Hour : 8:30 AM-5:00 PM	Submission Date : 13/04/2023

Exact place of accident :	In Factory Premises
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Department :	Production
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Location of injury : (e.g. right/left hand, leg or eye etc..)	Left hand Second Fingure
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Date of Death in case the insured person died :	Not Applicable	Dispensary/IMP of injured person:	D 48 Vatva, Ahm., GJ (ESIS Disp.)
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Whether wages in full or part are payable to him for the day of accident :	Yes
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Whether the injured person was on the day accident an employee as defined in Sec 2 (9) of the Act whether contribution was payable by him/her for the day on which the accident occurred.	Yes	Dr. or dispensary from where injured person received or Receiving treatment :-	Primary Treatment given in company premises
	Yes		

Name and address of witnesses

1. Mayur Brahmhatt A-103 Shashwat Landmark Nr Amrakunj Society Karamsad Vidhyanagar road Anand Gujarat	2. Jayesh Parmar B 605 Rainbow Exotica Vatva Lambha Road Ahmedabad
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Nature and extent of injury (e.g. total loss of finger, fracture of leg. scald etc..)	Left Hand Second Fingure Injury
Brief description of the accident :	Employee was taken out shaft from drum with hammer and Hammer hit on second fingure of left hand
<u>Nature of Emergency :</u> Note:- In case the accident happened while meeting emergency. Indicate in the description above its nature and also whether the injured person at time of accident was employed for the purpose of his employer's trade or business in or about the premises which the accident took place.	

(a) CAUSE OF ACCIDENT

(a) State exactly what the injured person was doing at that time ?	Employee was taken out shaft from drum with hammer and Hammer hit on second fingure of left hand
(b) Was the injured person at that time of accident acting in contravention of ?	
1) the provisions of any law applicable to him or.....	No
2) any orders given by or on behalf of his employer.....	No
3) acting without instruction from his employer.....	No
(c) In case reply to C (1), (2) or (3) is YES, state whether the act was done for the purpose of and in connection with the employer's trade or business :	No

In case the accident happened while TRAVELLING in the employer's transport, state whether the injured person was travelling.	
1. as a passenger to or from his place of work	No
2. With the express or implied permission of his employer	No
3. the Transport was being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer.	No
4. The vehicle was being/not being operated in the ordinary course of public Transport service.	No
I certify that to the best of my knowledge and belief the above particulars are corect in every respect.	
Date of despatch of report	Signature
To	Designation (With stamp)
Diary No. & Date	Branch Office Manager