

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

Vender Name **Blue Star Ltd.**

Site Name: **Endurance Techn** **Work:** AC AMC

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					What exactly was the injured person doing at the time of accident	Name, occupation, address and 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 and occupation of two witnesses	Remarks, if any
								Cause	Nature	Date	Time	Place					
								1	NA	NA	NA	NA					
							No Accidents in the month of Apr. 22										
							No Accidents in the month of May. 22										
							No Accidents in the month of Jun. 22										
							No Accidents in the month of Jul. 22										
							No Accidents in the month of Aug. 22										
							No Accidents in the month of Sep. 22										
							No Accidents in the month of Oct. 22										
							No Accidents in the month of Nov. 22										
							No Accidents in the month of Dec. 22										
							No Accidents in the month of Jan. 23										
							No Accidents in the month of Feb. 23										

