FORM 15

(Regulation 66)

ACCIDENT BOOK

(Employee State Insurance Corporation)

PIYUSH ADMINITRATIVE SERVICE

IB 21 A GF ASHOK VIHAR PHASE -1

NEW DELHI -110052

Serial No.	Date of Notice	Time of Notice	Name and address of the injured person	Sex	Age	Insurance No.	Shift, department and occupation of employee	INJURY					What exactly was the injured person doing at the time of injury?	Name, occupation, address and signature or the thumb impression of the persons 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 of injury	Nature	Date	Time	Place					