



EMPLOYEE STATE INSURANCE CORPORATION

FORM 12 (REGULATION 68)

E.S.I. CORPORATION

ACCIDENT REPORT

Name of Employer: Globetech Creations Private Limited

Code No: 30000675570001019

Branch Office: BO - Gorakhpur

Nature of Industry/business:	Shop/Establishment	Name of insured person: RANJEET KUMAR	
	Address of premises where accident happened :	Parsauna Basgoan	Address of insured person:
A GORAKHPUR Gorkakhpur Uttar Pradesh			Gender : M
			Age (Last birthday) : 20
			Occupation : lineman
			Hour at which work was started: 8:00 AM
Date and hour of Accident :	26/08/2022	3:15 PM	Shift Hour : 8:00 AM-4:00 PM
			Submission Date : 27/08/2022

Exact place of accident : Pasauna Basgaon

Department : maintenance

Location of injury : (e.g. right/left hand, leg or eye etc..) Right side chest, shoulder and head injury

Date of Death in case the insured person died : Not Applicable

Dispensary/IMP of injured person: Sarojinagar, Lucknow, UP (ESIS Disp.)

Whether wages in full or part are payable to him for the day of accident : Yes

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 :- C H C Basgoan

Name and address of witnesses

1. Ravi Gupta Basgoan Gorkhpur	2. Ananad Singh Basgoan Gorkhpur
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Nature and extent of injury (e.g. total loss of finger, fracture of leg. scald etc..)	Fatal loss
Brief description of the accident :	Fell from electric pole and got injured due to electric shock while doing maintenance work.
<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.	Fell from electric pole and got injured due to electric shok ehile doing maintenance work.

(a) CAUSE OF ACCIDENT

(a) State exactly what the injured person was doing at that time ?	Maintenance
(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