



# 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

<b>Nature of Industry/business:</b>	Shop/Establishment	<b>Name of insured person:</b> RAJENDRA CHAUDHRY		
	<b>Address of premises where accident happened :</b>	Behind gidhahi yard Basti	<b>Address of insured person:</b> POST GANDHI NAGAR MADVANAGAR VADEBAN Ballia Uttar Pradesh	<b>Insurance No :</b> 3013420784
<b>Gender :</b> M				
<b>Date and hour of Accident :</b>	30/06/2023 5:38 PM		<b>Age (Last birthday) :</b> 37	<b>Occupation :</b> maintenance
			<b>Hour at which work was started:</b> 4:00 PM	
<b>Exact place of accident :</b>	Behind gidhahi yard Basti		<b>Shift Hour :</b> 4:00 PM-12:00 PM	<b>Submission Date :</b> 01/07/2023

<b>Department :</b>	lineman
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<b>Location of injury : (e.g. right/left hand, leg or eye etc..)</b>	Both hand,head and waist		
<b>Date of Death in case the insured person died :</b>	30/06/2023	<b>Dispensary/IMP of injured person:</b>	Near Jubli talkies, Gorakhpur, UP (ESIS Disp.)
<b>Whether wages in full or part are payable to him for the day of accident :</b>	Yes		
<b>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.</b>	Yes	<b>Dr. or dispensary from where injured person received or Receiving treatment :-</b>	District hospital Basti
	Yes		

**Name and address of witnesses**

1. Sunil tiwari Basti	2. Sanjay Kumar Basti
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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 :	While doing maintenance work by climbing the electric pole behind Gidhahi yard,both hands,head and waist were injured after falling due to slipping and died on the way to LOHIA HOSPITAL LUCKNOW for higher medical treatment after first aid from Distr
<u>Nature of Emergency :</u> <b>Note:-</b> 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.	fatal loss,Both hand,head and waist

**(a) CAUSE OF ACCIDENT**

<b>(a) State exactly what the injured person was doing at that time ?</b>	MAINTENENCE
<b>(b) Was the injured person at that time of accident acting in contravention of ?</b>	
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
<b>(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 :</b>	No

<b>In case the accident happened while TRAVELLING in the employer's transport, state whether the injured person was travelling.</b>	
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