



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: SUNIL YADAV	
		Address of insured person: A BALLIA Ballia Uttar Pradesh	Insurance No : 3013351799
Address of premises where accident happened :	Nr 100 kva transformer Sansar tola jp nagar	Gender : M	
		Age (Last birthday) : 33	
Date and hour of Accident :	07/08/2023 1:00 PM	Occupation : maintenance	
		Hour at which work was started: 8:00 AM	
		Shift Hour : 8:00 AM-4:00 PM	
		Submission Date : 08/08/2023	

Exact place of accident : Nr 100 kva transfaremer Sansar tola J P NAGAR

Department : lineman

Location of injury : (e.g. right/left hand, leg or eye etc..) Both hand and most part of body burnt ,other injury

Date of Death in case the insured person died : 07/08/2023

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

Name and address of witnesses

1. Sharwan Kumar Yadav J P Nagar Ballia	2. Brijesh Yadav J P Nagar Ballia
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Nature and extent of injury (e.g. total loss of finger, fracture of leg. scald etc..)	fatal loss, burnt all part of body
Brief description of the accident :	Due to sudden flying electric current flowing in the electric pole while doing maintenance work, both hand, chest and other part of body also suffered serious injuries, the doctor declared him dead after taking him to the CHC Sonbarsa for treatment.
<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.	Freak accident

(a) CAUSE OF ACCIDENT

(a) State exactly what the injured person was doing at that time ?	MAINTENENCE
(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 correct in every respect.	
Date of despatch of report	Signature
To	Designation (With stamp)
Diary No. & Date	Branch Office Manager