



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: MOHD IMRAN	
	Address of premises where accident happened :	Vill sripur Handia	Address of insured person: MAMARKHA, JAGADISHPUR, HANDIA, ALLAHABAD Allahabad Uttar Pradesh 221503
Gender : M			
			Age (Last birthday) : 42
			Occupation : lineman
			Hour at which work was started: 4:00 PM
Date and hour of Accident :	07/08/2023 7:30 PM		Shift Hour : 4:00 PM-12:00 PM
			Submission Date : 14/08/2023

Exact place of accident : Vill sripur handia

Department : maintenance

Location of injury : (e.g. right/left hand, leg or eye etc..) left hand, both leg injured and burnt

Date of Death in case the insured person died : 14/08/2023

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

Dr. or dispensary from where injured person received or Receiving treatment :- Shafiya charitable hospital Prayagraj

Name and address of witnesses

1. Mohram ali
amepur Handia

2. Shyam ji
Ameapur Handia

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 on 11 kv line,due to flying current,the sole the foot,and right foot got burnt and due to falling from above,there was a serious injury to the left hand and knee of both the legs.Diring the treatment died on dated 14/08/
<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.	serious 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 corect in every respect.	
Date of despatch of report	Signature
To	Designation (With stamp)
Diary No. & Date	Branch Office Manager