FORM NO. 29

(Prescribed under Rule 111)

Register of accidents, major accidents and dangerous occurrences

Serial number	Date & time of notice	Name and serial number of the person involved in the register of adult/child register	ESIC Insurance number	Date	Injury/dangerous occurrence					Name of the person giving the notice	Name, address and occupation of two witnesses	Date of return of injured Person to work	Number of days the injured person was absent from the work including holidays and off days	Signature and designation of the person who makes the entry with date.
					Time	Place	Cause of accident/major Accident/dangerous occurrence	Nature of injury/dangerous occurrence	What exactly was the injured person, if any doing at that notice					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15