

FORM V

[see rule 8(5)]

REPORT OF FURTHER DETAILS OF ACCIDENT

E.S.I.C. Employer's Codenumber:

1. Name of employer :
2. Address of works / premises where the accident took place :
3. Nature of industry :
4. LIN of the establishment:
5. Registration number (DISH/COL):
6. Running serial number of the accident in the factory and calendar year in respect of which this further report is now sent:
7. Local E.S.I.C. Office to which the Person injured or died is attached:
8. Date, shift and hour of accident :
9. Details of the person injured:

Sl. No.	Name, Aadhar number of the person injured	E.S.I.C. Insurance Number of the person injured	Date of return to work	Number of days the person injured was away from work	Details of the disablement, if any	Particulars of medical/fitness certificate (medical practitioner, date and place of issue)
1	2	3	4	5	6	7

10. Percentage loss of earning capacity, if any: (Give reference to the medical certificate and enclose copy of the same)

11. Details of payment of disablement benefit where such payment is made by the employer himself: (If the person injured is covered by Employees State Insurance Scheme, state so.)

12. If the person is still undergoing treatment, state the present position, where he is undergoing treatment, when he is likely to be fit to resume work, etc. Even if the person injured is under treatment under the ESI Scheme the relevant information shall be obtained and furnished to the Inspector-cum-Facilitator by the Employer:

13. Any other relevant information

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Date of the report.

Signature/ E-sign/digital sign of employer