

[FORM 26]

Prescribed under Rule 131

**Register of accident, major accidents and dangerous occurrences**

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Serial No.	Date & time of notice	Name & serial number of the persons involved in the register of adult/child register	ESIC insurance number	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 time	Name of person giving the notice	Name, address and occupation of two witnesses	Date of return of injured person to work
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

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