

Form No. 8

(see rule 12(A))

Notice of Poisoning or Notifiable Disease

ESIC Employer's Registration no.
Code No License No
Name and address of the 2NIC code No.
injured person (As given in the License) Local ESIC office

1. Name and address of factory:
2. Name, address and telephone number of the occupier:
3. Nature of Industry:
4. Particulars of affected worker:
 - (a) Name:
 - (b) Age:
 - (c) Sex:
 - (d) Serial number as per Register of Adult/Child worker:
 - (e) Address:
 - (f) Precise occupation:
 - (g) Nature of job:
5. Nature of poisoning/disease (Give serial number and name as per the list over leaf):
6.
 - (a) Harmful agent or process to which poisoning or disease is attributed:
 - (b) Approximate date of beginning and cessation of exposure of the worker to the harmful agent or process:
7. Has the case been reported to the Certifying Surgeon/Administrative Medical Officer, ESIC/Medical Inspector-cum-Facilitator of Factories. Yes/No.

Signature of Manager Name (in block letters)

Date: Tel. No.

Note:- This notice should be sent forth with to the following authorities;

1. Chief Inspector-cum-Facilitator:
2. Medical Inspector:
3. Certifying Surgeon:
4. Administrative Medical Officer: ESIC

(To be filled in by the Factory Inspector)

Number of the case Remarks

Date Signature

Name (In block letters) Designation

*Notice of poisoning or disease

Foot notes:

1. Employee's State Insurance Corporation (ESIC)
2. National Industrial Classification (NIC)