



Employee's Accident (Regulation Form

Name of The Factory Engg 4
Tivani Industries Ltd.
Area, Haryana complex, Noida, UP
Employer's Code No. _____

| Sl. No. | Date of Notice | Time of Notice | Name & Address of the Injured person | Sex | Age | Insurance Number | Shift, Department and occupation of the employee | INJURY | | |
|---------|----------------|----------------|--------------------------------------|-----|-----|------------------|--|--------|--------|------|
| | | | | | | | | Cause | Nature | Date |

① Nil Accident to all employees for the month of JANUARY - 2020

State Insurance Book 66) 11

| Time | Place | What exactly was the injured person doing at the time of Accident | Name, occupation, address & signature or the thumb impression of the person(s) giving notice | Signature & designation of the persons who makes the entry in Accident Book | Name, address and occupation of two witnesses | Remarks, if any |
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