



Name of The Factory

Trikoni Engg & Industries

Employee's Accident (Regulation Form)

Employer's Code No.

Table with columns: 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 Mill Accident for the month of May - 2020

2 Mill Advance for the month of June - 2020

3 Mill Advance for the month of July - 2020

State Insurance Book 66) 11

Table with columns: Time, Place, What exactly was the injured person doing at the time of Accident, Name, occupation, address & signature of 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

Month of May - 2020

June - 2020

of July - 2020

