



Employee's Accident (Regulation Form)

Name of The Factory Tivani Eng. & Indus. Ltd.
A-111 Haryana Complex, Noida U.P

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 Will Advance for the month of _____

② Will Advance for the month of _____

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

August - 2020



September - 2020

