



# Employee's Accident (Regulation Form)

Name of The Factory Tivkani Engg & Industries  
AMC, Hoshiarpur, Noida, U.P.  
 Employer's Code No. 45 Mod

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	
0			Nil Accident to All of Employee								
1			Nil for the month								
2			Nil for the month								

# State Insurance Book (Regulation Form 66)

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
		for the month of Feb-2020				
		of March 2020				
		of April 2020				

