



Name of The Factory Tivani Engr & Industries Ltd.

Employer's Code No. \_\_\_\_\_

# Employee's Accident (Regulation Form

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
NIL Accident to All Employees for										

# 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
the month of May-2019						
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