

**Employee's
Accident
(Regulation
Form**



Name of The Factory Priveni Engrs & Employers Ltd
At Hosang 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 Nil Accident to All Employees										

**State Insurance
Book**

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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

