



Name of The Factory Trenton Engg. & Industries Ltd.

Employee's Accident (Regulation Form

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

Nil Accident to All Employees for the

State Insurance Book 66) 11

Time	Place	INJURY		Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any
		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			

month of June 2019

