KALKA STATIONERS
Sold by
26440902, 26289845

Employee's State Insurance Accident Book

(Regulation 66)

Form 11

Name of The Factory Triveni Engg & Industries Ltd

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	INJURY Nature	INJURY Date	INJURY Time	INJURY Place	INJURY What exactly was the injured person doing at the time of Accident	INJURY 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
1		Nill	Accident to All Employee for the Month of Dec-2019														

Triveni Engineering & Industries Ltd