TATION
KALKA STATIONERS 020440902, 26289845
STATIONERS
A STATE OF THE PARTY OF THE PAR
3 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
26440902, 26289845

Employee's

Name of the Factory Trivery Engineering & Industrie-21 Accident
A-un masery Complex Noish U. P. (Regulation

Employer's Code No.

Form

Employer's Code No								Form		
	Date of Notice		Name & Address of the Injured person				Shift. Department and occupation of the employee	INJURY		
SI. No.		of Notice		Sex	Age	Insurance Number		Cause	Nature	Date
	. A 11	1	Λ ,			thre	10.4	ont	h	W
V	Ny		Advonce	fer		The	V~			0
				-						
				-	-					
				-						
_				_						
				+			,		yr T	
	-	-		_						

State Insurance Book

66)

11								
INJURY Signature &								
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	persons who makes the entry in	occupation of	Remarks, If any		
00	tobe	< - 20°	20					
	(3)	ering &						
	Jen En	\$ 300						
		A POLY						
			-					