



Name of The Factory

Triyeni Smeq & Industries Ltd. (Regulation Form)

Employer's Code No.

Employee's

Accident

Form

Sl. No.	Date of Notice	Time of Notice	Name & Address of the Injured person	Sex	Age	Insurance Number	Department and occupation of the employee	INJURY		
								Cause	Nature	Date

Nil Accident No. All Employees



State Insurance

Book

66)

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Time	Place	What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of 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
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from this month on Jan-2019

