



**Employee's**

**Accident**

**(Regulation**

**Form**

Name of the firm: REVENUE ENGINEERING  
Address: 1st Floor, 2nd Street, North of

Employee's name: PK

Sl. No.	Name	Designation	Sex	Age	Insurance No.	Date of Birth	Name	Date

Q. Will be All employees for this


**State Insurance**

**Book**

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**INJURY**

Time	Place	What exactly was the injury sustained at the time of Accident?	Name, occupation, address & signature of the insured person at the time of the accident.	Signature & Identification of the person who makes the entry in Accident Book.	Name, address and occupation of the witness.	Remarks if any.

Month of: July-2019






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