



Name of The Factory

Steel Works, ...

Employee's Accident (Regulation Form

Employer's Code No.

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

Nil Accident in All Employees for the

State Insurance Book (66) 11

Time	Place	What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of the person(s) giving	Signature & designation of the persons who make the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any
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Month of March - 2019

