



Name of The Factory Tilkeni Engrs & Industries Ltd.

Employer's Code No. _____

Employee's Accident (Regulation Form

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	Nature	Date
01		N/A	Accidents for all employees							

State Insurance Book 66) 11

INJURY						Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any
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 notice					
		For the m/p - NOV - 2018						

