



Name of The Factory Triveni Eng. & Industries LTD.
A-W, Hubang Complex Noida U.P.

Employee's Accident (Regulation) Form

Employer's Code No. _____

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	
①			Nil to all				Employee	for		the	

State Insurance Book 66) 11

INJURY

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	Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of two witnesses	Remarks, if any
	Month of August					

