

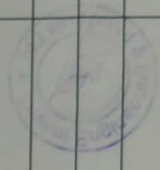


Name of The Factory Ikweni Engg & Industries Ltd **Employee's Accident Regulation Form**

Employer's Code No. _____

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

N/A Accident by self Employer for



State Insurance Book
66)
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Time	Place	INJURY		Signature & designation of the persons who makes the entry in Accident Book	Name, address and occupation of the witnesses	Remarks, if any
		What exactly was the injured person doing at the time of Accident	Name, occupation, address & signature of the person(s) giving statement			

The month of Feb-2019

