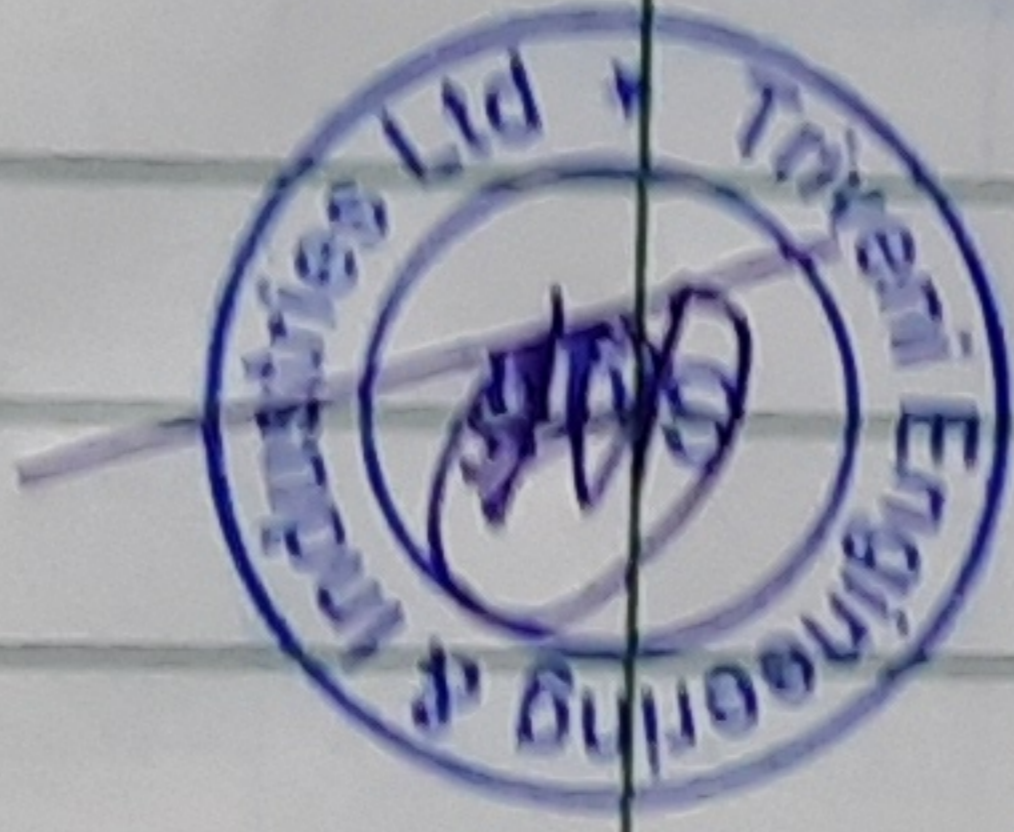


**State Insurance  
Book  
66)  
11**

Signature & designation of the persons who makes the entry in Accident Book	INJURY			
	Name, occupation, address & signature of the person(s) giving the thumb impression	What exactly was the injured person doing at the time of Accident	Place	Time

August - 2002



**Employee's  
Accident  
(Regulation  
Form**

Name of the Factory: Toykani Eng. & Indus. Ltd.  
A-111 Hattary Complex, Noida U.P.

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

① Will Advance for the month of



Employer's Code No.