

Name of Factory **PARADISE ENTERPRISES**
and Address

ACCIDENT REGISTER
(Prescribed under Employee's State Insurance Act)

Sl No.	Date of Notice	Name of the Employee	Insurance	Date of injury	Time of injury	Nature of injury	State exactly how the accident happened	Person giving the notice	Name & address of the witness	Signature of witness	Person making enquiries in question	Remarks

**Certified that no accident has been occurred or report in the
month of JUL., 2021**

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