## **Chattary Ajwan Infotech Pvt. Ltd.**

## Form-15(Accident Regt.)

Sr No.	Date of Notice	Time of Notice	Name and Address Of The Injured Person	Gende	er Age	e Insurance No.	Shift Department and Occupation of Employee	INJURY					What exactly was the injured person doing at the time of	Name,address,occu pation and signature or the	signature and designation of the person	Name,address and ocupation of two witness	Remarks
								Date	Time	Place	Cause Of Injury	Nature Of Injury	injury	thumb impression of the persons giving notice	who makes the entry		
1	08/10/2011	12:00:00	DINESHRATHOD	Male	41	3704294483	1 Chattary Ajwan Infotech Pvt. Ltd.WORKER	10/07/2011	7:10:00PM	1	q3	Fatal	0y79	dfgdf		2 2 2 23 43	cfghfghgf
2	19/11/2011	12:00:00	DINESHRATHOD	Male	41	3704294483	1 Chattary Ajwan Infotech Pvt. Ltd.WORKER	07/10/2011	7:13:00PN	1	q3	Fatal	sdfgsd	sdfgasdf		2 2 23 43	sdfvgsdgf