

**Form No. 35**

[Prescribed under sub-clause (4) of Rule 105]

Accidents-Annual Return

For the year ending 31st December, 19

1. Name of the factory etc.....
2. Number of accidents or the dangerous occurrences which took place during the year.....
3. Number of persons:
  - (a) Killed:
    - Men.....
    - Women.....
    - Children.....
  - (b) Injured:
    - Men.....
    - Women.....
    - Children.....
4. Number of injured persons who returned to work.....
5. Number of man days lost on account of absence due to injury in the case of person, who returned to work.....

Certified that the information furnished above, is, to the best of my knowledge and belief, correct.

Signature of the Manager

