Form No. 35

[Prescribed under sub-clause (4) of Rule 105] Accidents-Annual Return For the year ending 31st December, 19

Name of the factory etc Number of accidents or the dangerous occurrences which took place during the year 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.

5, 13, to the best of my knowledge and belief, correct.

Signature of the Manager

[Form 35]
[Prescribed under sub-rule (4) of rule 65 (I)]
Record of Eye Examination

Serial Number	Department/	Name of worker	Sex	Age (on last birthday)	Occupation		Examination of eye sight		Sign of opthalmologist	Remarks
					Nature	Date of employment	Date	Result		
1	2	3	4	5	6	7	8	9	10	11