

FORM NO. 29**REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

Name Of Establishment : VIVEK ENTERPRISE
 46, Umiya Bunglows,
 Near Shyam Mandir,
 Althan, Surat

Name & Address of Principal Employer: UNITOP DAHEJ

Feb-26

Sr. No.	Name of injured person (if any)	Date of accident or dangerous occurrence	Time and mode of message to the Inspector	Date of report (in Form No. 17 to Inspector)	Nature of Accident or dangerous occurrence	Details of injury	Date of return of injured person to work	Number of days injured person was absent from work	Signature of employee	Signature of Manager	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
No Accidents or Dangerous Occurrences in the Month of Feb-26											

Note : To be in duplicate and perforated copy to be submitted to the Inspector at the end of the month.