FORM C

Register of Loan/Recoveries/Damage/Loss/Fine/Advance/Absence

Name Of Establisment : VIVEK ENTERPRISE

Nov-25

Labour Identification No : 1969987951

Name & Address of Principal Employer: UNITOP DAHEJ

Sr. No.	Name of workman	Father's/Husband's name	Designation / Nature of employment	Particulars of damage or loss	Date of Damage or loss	Whether workman showed couse against deduction	Name of persons in whose presence employees's explaination was heard	Amount of deduction imposed	No. Of installment	Date of recovery	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	No Loan in the month of Nov-25										
	No Recoveries in the month of Nov-25										
	No Damage in the month of Nov-25										
	No Loss in the month of Nov-25										
	No Fine in the month of Nov-25										
	No Advance in the month of Nov-25										

FORM NO. 29

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

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

Name & Address of Principal Employer: UNITOP DAHEJ

Nov-25

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 Nov-25										

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