

FORM II

[See rule 11 (7)]

Notice of accident

From.....

To

- 1.The Chief Inspector of Mines,
Dhanbad –826001.
- 2.The Regional Inspector of Mines,

Sir,

I have to furnish the following particulars of an accident at.....mines/rescue station/rescue room of(owner).

| 1.Situation of mines/rescue station/rescue room | Name and postal address of owner | Village Post Office Police Station Sub-Division(Taluqa) District State Pin |
|---|----------------------------------|--|
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| 2.Date and hour of accident | Place of location of accident in mine/rescue station/ rescue room* | Number of persons Killed Seriously Injured |
|-----------------------------|--|--|
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| | | |

3.Cause and description of accident

| 4.Name of persons killed/injured | Nature of employment | Age | Sex | Nature of injury/ cause of death. |
|----------------------------------|----------------------|-----|-----|-----------------------------------|
| | | | | |

Yours faithfully,

Signature
Designation-Manager/Superintendent

Place.....

Date.....

*Delete whatever is not applicable.