

ANNEXURE 5.1

Schedule of women's compensation

Returns relating to period from _____ to 31st December _____

State _____ District _____

Post Office _____ Town/Village _____

Name of establishment (1) _____

Nature of work (2) _____

Average number employed per day (3) Adult _____ Minors _____

	Accidents						Nature of diseases	Occupational diseases						
	Number of cases of injuries in respect of which final compensation has been paid during the year			Amount of compensation paid				Number of cases of diseases in respect of which final compensation has been paid during the year			Amount of compensation paid (₹)			
	Death	Permanent disablement	Temporary disablement	Death	Permanent disablement	Temporary disablement		Death	Permanent disablement	Temporary disablement	Death	Permanent disablement	Temporary disablement	
Adults														
Minors														

Signed _____

Dated _____

Designation _____

