ANNEXURE 5.1

Returns relating to period from	to 31 st December	
State District		-
Post Office	Town/Village	
Name of establishment (1)		-
Nature of work (2)		
Average number employed per day (3) Adult	Minors	

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

Signed _____

Dated _____

Designation _____

ANNEXURE 5.2

Statement relating to the working of the workmen's compensation Act, 1923 consolidated statement of returns furnished by employers

State _____

Year _____

Industry	Average	Accide	Accidents						Occupational disease						Remarks
	number of workers employed per day	Number of cases of injuries in respect of which final compensation has been paid during the year			Amount of compensation paid		Nature of diseases	of respect of which final compensation			Amoun	Amount of compensation paid			
		Death	Permanent disablement	Temporary disablement	Death	Permanent disablement	Temporary disablement		Death	Permanent disablement	Temporary disablement	Death	Permanent disablement	Temporary disablement	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16