

**FORM 32**  
**[see Rule 161(4)]**

**REPORT OF FURTHER DETAILS OF ACCIDENT**

(To be sent to the Inspector of Factories within 28 days of the occurrence of the accident and once every fortnight thereafter as necessary until the final report on the date of return to work of the person injured is made.)

1. Registration number of the factory : -
2. Name & address of the Factory : -
3. Name of the person injured : -
4. Date and hour of accident : -
5. Date of return to work : -
6. Number of days the person injured was away  
from work : -
7. Details of disablement, if any : -
8. Percentage loss of earning capacity if any  
(give reference to the medical certificate and  
enclose copy of the same) : -
9. Details of payment of disablement benefit  
where such payment is made by the employer  
himself : -
10. If the person is still undergoing treatment,  
state present position, where he is undergoing  
treatment, when he is likely to be fit to resume  
work, etc. : -
11. Any other relevant information : -

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature of Manager  
(Name in Block letters)