

FORM 13

**FACTORIES ORDINANCE (CHAPTER 128)
Notice of Industrial Diseases under Section 63**

- 1.) Occupier of Factory :

 - (a.) Name :
 - (b.) Address :
 - (c.) Industry :

- 2.) Place where industrial disease occurred :

 - (a.) Address (if different from above)::
 - (b.) Nature of Process carried on :
 - (c.) Chemicals used in the process :
 - (d.) Whether the Process is enclosed or not:
 - (e.) Exact location of Department / Section in factory :

- 3.) Name of worker: :
- 4.) Address: :
- 5.) Page :
- 6.) Nature of his employment :
- 7.) Industrial disease the worker is suffering from :
- 8.) Last date which he was examined and whether he was free from disease mentioned :
- 9.) The period of employment in the said process : :
- 10.) Name and Address of Medical Practitioner :

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Date

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Signature of Medical
Occupier / Agent,