

FORM NO. 25
 [PRESCRIBED UNDER RULE 102]
Muster Roll

Name of Factory.....

Place.....

District.....

SI. No.	Name of the worker	Father's name	Nature of work	For the period ending										Remarks
				1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FORM NO. 26
 [PRESCRIBED UNDER RULE 103]
Register of Accidents and Dangerous Occurrences

Name of injured person (if any)	Date of accident or dangerous occurrence	Date of report (in Form No. 18) to Inspector	Nature of accident or dangerous occurrence	Date of return of injured person to work	Number of days the injured person was absents from work
1	2	3	4	5	6