

SCHEDULE II
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) Age:
- (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 the disease mentioned:
- (9) The period of employment in the said premises:
- (10) Name and Address of Medical Practitioner:

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Signature of Medical Practitioner
Occupier / Agent.

Date: