

FORM-9
Notice of Disease
(see rule 12 (B) (1))
(For Building or other construction work)

- (1) Name of establishment:
- (2) Address of Establishment:
- (3) Nature of establishment:
- (4) In case of Mines the Name of the Mineral:
- (5) Details of Patient:
 - (a) Name of Patient:
 - (b) Works number of Patient:
 - (c) Address of Patient:
 - (d) Precise occupation of patient:
- (6) Nature of disease from which patient is suffering:
- (7) Date of Detection of Disease:
- (8) Details of Medical Practitioner:
- (9) Has the case been reported to the

Medical Officer:

Signature of employer or owner or manager

Date:-