|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| rgob | |  |  | | --- | --- | | ***For Official Use*** | | | Application ID No. |  | | Date received |  |  |  | | --- | | **Annex 1 – Form I (Notice of Accident)**  **(Section 158)** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE MINE** *(fields with \* sign are mandatory)* | | | |
| Name of the mine\* |  | | |
| Lessee\* |  | | |
| Postal Address: |  | | |
| Telephone No.: |  | Mobile No.\* |  |
| Fax No.: |  | Email ID\* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICULARS OF THE ACCIDENTS\*** | | | | |
| **Date and hour of accident occurrence** | **Place and location in the mine** | **Number of person (s)** | | **Cause of the accident** |
| **Killed** | **Seriously injured** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICULARS OF THE INJURIES, FATALITIES, ETC.\*** | | | | | |
| **Name of person (s)** | **CID Card No.** | **Position/Designation** | **Age** | **Gender** | **Nature of injury and if fatal, cause of death** |
| **Killed**  1.  2.  **Injured**  1.  2. |  |  |  |  |  |

**Date:** (Signature)

**Name and** **Designation:**

**CC:**

1. Dzongdag, Dzongkhag Administration, ......................................
2. Regional Coordinator, ........................................ Region, DGM