



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