

# THE FORM OF PHYSICAL HANDICAP EMPLOYEE

NAME AND ADDRESS OF FACTORY : \_\_\_\_\_

NO. OF TOTAL EMPLOYEE : \_\_\_\_\_

NO. OF HANDYCAP EMPLOYEE : \_\_\_\_\_

FOR THE MONTH : \_\_\_\_\_

Sr. No.	Total No. Of Employee	1% of Total Employee	Actual No. Of Handicap Employee Engage in Factory					Total No. Of Handicap Employee	No. New Handicap Employee During The Current month