

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
