



అఖిలభారతవైద్యవిజ్ఞానసంస్థమంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh.
(An Autonomous Institute under MoHFW, Govt. of India)

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REPORT ON ACCIDENTAL AND SELF-INFLICTED INJURIES

1. Name of Employee :
2. Employment ID :
3. Designation :
4. Department Posted :

Declaration by the Injured Person:

I, Emp ID: _____ Name : _____
Dept : _____ hereby declare that the injury
sustained by me on _____ (date) at _____ (time) did/did not occur while /
was in the performance of duty.

(Signature of the Medical Officer before whom the
Declaration is made)
Date:

Signature of Injured person
Date:

(To be filled by the HoD / Incharge / Branch Head)

5. Nature, Location and Severity of Injury :

N.B :- Hospital to be notified at once if wound is believed to be self-inflicted

6. Date on which the incident occurred :
7. Incident type : Fresh / Subsequent
8. Is incident occurred while on duty : Yes / No
9. What task has been assigned to employee during the incident:
10. Is the injury attributable to on duty service : Yes / No
If Yes, provide full details of incident including date/time/place of incident

11. Is employee admitted in AIIMS Hospital : Yes / No
12. If Yes, name of department admitted :
13. Period of hospitalization :
14. Leave recommended : Yes / No
15. Period of leave recommended :

Remarks by Doctor who treated :

(Signature and stamp)

Remarks by Head of Department/ Branch Head /Incharge:

(Signature and Stamp)

Remarks by Medical Superintendent:

(Signature and Stamp)