**Form I**

**Form Of Application For Compensation**

Shri/Shrimati/Kumari son of/daughter of/Widow\* of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who died/had sustained injuries in an accident on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ particulars in respect of accident and other information are given below: -

1. Name and father's name of person injured/dead (husband's name in case of married woman or widow)

2. Address of the person injured/dead.

3. Age \_\_\_\_\_\_\_ date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Sex of the person injured/dead

5. Place, date and time of the accident

6. Occupation of the person injured/dead

7. Nature of injuries sustained

8. Name and address of police station in whose jurisdiction accident took place or was registered

9. Name and address of the medical officer/practitioner who attended on the injured/dead

10. Name and address of the claimant/claimants

11. Relationship with the deceased

12. Any other information that may be considered necessary or helpful in the disposal of the claim.

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

 Signature of the claimant

*\*Strike out whichever is not applicable.*