

Workmen's Compensation Rules

FORM G

See Rule 20

Application for order to deposit compensation

To Commissioner for Workmen's Compensation, _____
_____,
residing at _____, applicant

Versus

_____ residing at _____, opposite party.

It is hereby submitted that --

(1) _____, a workman employed by _____
(a contractor with) the opposite party on the _____ day of _____ 19_____,
received personal injury by accident arising out of and in the course of his employment resulting in his
death on the _____ day of _____ 19_____. The cause of
the injury was (*here insert brief in ordinary language the cause of the injury*) _____

(2) The applicant(s) is a/are dependant(s) of the deceased workman being his _____

(3) The monthly wages of the deceased amount to Rs. _____
The deceased was over/under the age of 15 years at the time of his death.

* (4) (a) Notice of the accident was served on the _____ day of _____
(b) Notice was served as soon as practicable.
(c) Notice of the accident was not served (in due time) by reason of _____

(5) The deceased before his death received as compensation the total sum of Rs. _____
The applicant(s) is/are accordingly entitled to receive a lump sum payment of Rs. _____

You are, therefore, requested to award to the applicant the said compensation or any other compensation to which he may be entitled.

Dated _____ 19 _____

Applicant

* Strike out the clauses, which are not applicable.