

FORM A

[see Rule 6 (i)]

DEPOSIT OF COMPENSATION FOR FATAL ACCIDENTS

Compensation amounting to Rs..... is hereby presented for deposit in respect of the death of the workman, whose particulars are given below, which occurred on..... 19

Name.....

Father's/Husband's name..

Caste.....

Employed in.....

Local address

Permanent address.....

His /Her monthly wages are estimated at Rs.....He/She was over/ under age of 13 years at the time of his/her death

2. The said workman had, prior to his/her death received the following

payments, namely:—

Rs.....onRs..... on.....

Rs.....on.....Rs..... on.....

Rs.....on.....Rs..... on.....

amounting in all to Rs.....

3. An advance of Rs.....has been made on account of compensation to.....

being the dependant of the deceased workman.

.....

Employer

Address---
