

FORM AA

[see Rule 6 (1)]

**DEPOSIT OF COMPENSATION FOR NON-FATAL ACCIDENTS TO A WOMAN
OR PERSON UNDER LEGAL DISABILITY**

Compensation amounting to Rs.....is hereby presented for deposit in respect
of the injuries sustained by the workman whose particulars are given below, which
occurred on..... 19..... resulting in temporary disablement.

Name

.....

Father's/Husband's

name

.....

Caste.....

Employed in

Local

address

.....

Permanent address.....

His / Her monthly wages are estimated at RsHe/ She was

over/under

 the age of 13 years at the time of the accident.

2. The said workman had, prior to the accident, received the following payments
namely:—

Rs.....	on.....	Rs.....	On.....
Rs.....	on.....	Rs.....	On.....
Rs.....	on.....	Rs.....	On.....
Rs.....	on.....	Rs.....	On.....

amounting in all to Rs.....

Dated.....

Employer

Address:--