

FORM – F
[see rule 20]

To

The Commissioner for workmen’s Compensation

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Sh/Smt.....
.....residing at..... Applicant.

Versus

.....
.....residing atOpposite Party.

It is hereby submitted that.—

(1) the applicant, a workman employed by (a contractor) with the opposite party on the Day of received personal injury by accident arising out of and in the course of his employment.

The cause of the injury was (here insert briefly in ordinary language the cause of the injury)

(2) the applicant sustained the following injuries, namely

(3) The monthly wages of the applicant amount of Rs._____ The applicant is over/under the age of 15 years.

(4) (a) Notice of the accident was served on the day of.

(b) Notice was served as soon as practicable.

(a) Notice of the accident was not served (in due time) by reason of.

(5) The applicant is accordingly entitled to receive: --

(a) half monthly payment of Rs. _____From the _____ day of 19_____ to

(b) a lump sum payment of Rs. _____

(6) The applicant has taken the following steps to secure a settlement by agreement, namely, but it has proved impossible to settle the question in dispute because

_____.

You are therefore requested to determine the following questions in dispute, namely: -

- (a) Whether the applicant is a workman within the meaning of the Act;
- (b) Whether the accident arose out of or in the course of the applicants employment;
- (c) Whether the a amount of compensation claimed is due, or any part of that amount;
- (d) Whether the opposite party is liable to pay such compensation as is due;
- (e) etc., (as required)

Date_____ 20 .

Applicant

CERTIFICATE

Certified that the statement of facts mentioned above are accurate to the best of my knowledge.

Applicant