MEMORANDUM OF AGREEMENT

It is hereby submitted that	on the day of, personal injury
was	caused to
Sri./Smt	
residing at	by accident arising out and in
the course of his / her employment	in The said injury
has resulted in permanent disabler	ment to the said workman of the following nature,
namely	
	The
said workman's monthly wages ar	e estimated at Rs The workman is over 1
years of the age / will reach the ag	ge of 15 years, on The said workman has
prior to the date of this agreement re	eceived the following payments namely,
It is further submitted that the I	Divisional Railway Manger (Personnel), Southern
Railway, Trivandrum—14, the emp	loyer of the said workman, has agreed to pay and the
said workman has agreed to accept	the sum of Rs
in full settlement of all and every c	laim under the workman compensation Act,. 1923 in
respect of the disablement stated ab	ove and all disablement how manifest. It is, therefore,
requested that this memorandum be	duly recorded.
Dated:	Signature of the Employer:
Witness:	
	Signature of the Workman
Witness.	
	RECEIPT
	e agreement, I have this day the day received a
)
Dated:	
•	paid and this receipt signed in my presence
Dated:	Witness:

PAYMENT OF COMPENSATION FOR PERMANENT DISABLEMENT OR DEATH

(Section 4(1) pf A.B.C – Workmen's Compensation Act)

\ \ \ \ 1	r
Name of the Employee	:
Staff No.	:
Department	:
Age on date of Accident	:
Rate of Pay on date of Accident	:
How employed	:
Where Employed	:
Date of Accident	:
Circumstances of Accident	:
No and date of Admission of Medica	al Certificate accompanying:
No. and date of Discharge Medical C	Certificate accompanying :
Monthly wages calculated according	to Section 5(1) of the Act:
Nature of Disablement	: Death / Total /Partial
If Partial, percentage of Loss of Earni	ing Capacity
Compensation payable	
Total Half Monthly Payments already	y made vide details on reverse.
Balance Compensation Payable	:
Details of method of payment	:
	Vorkman within the meaning of the Act, that the of his / her employment and that it was not directly ded in Section 3(1)(b) of the Act.
Submitted to the DFM / TVC	
No. V/P.	Dated District Officer
Authorised and forwarded to DFM/T	VC for verification and payment
	Sr. Divisional Personnel Officer

P.T.O

	Authority			Interim Medical CErtificate		
	No	Dated	Amount	No	Dated	
First Half Monthly						
Payments						

ALLOCATION G. 1501 / B.G / M. G

ABSTRACT 'D'

SOUTHERN RAI	ILWAY
Passed for Rupes	/Rs.
Less Deductions	/Rs.
Net Wmount Payable	/Rs.
Rupees	
Dated	Sr.DFM/TVC

SOUTHERN RAIWAY G. 189

ACCOMPANIMENT TO APPLICATION FOR COMPENSATION UNDER THE W.C. Act,1923

Copy of Service Record and Wages Statement

- 1. Name of the Employee
- 2. Staff No.
- 3. Date of Birth
- 4. Date of Appointment
- 5. Date of Accident
- 6. Date of Admission
- 7. Designation on date of accident
- 8. Station where he was employed on date of accident
- 9. Date of discharge
- 10.Rate of pay on date of accident and details of Promotions with date during the 12 months Immediately preceding the accident.
- 11. Continuously absent for over 14 days from.....to......to......
- 12. Particulars of leave granted with dates during the last 12 months immediately preceding the accident.

Period		Leave				_	
From	То	of full pay	Casual Leave	L.W.P	Sick	Remarks	

Note: If there is however any interruption of duty by a period of exceeding 14 days during the previous 12 months, particulars of promotion and leave details with dates may be furnished subsequent to such interruption only. The reason for the interruption in continuous service as defined in the Act may be given.

13. Monthly wages under Section 5 of the Act.

Month	Pay	No Of Days	Wages Drawn	OT Number Of days And Amount	HRA	Cost Of Uni- Forms	Other Allo- wances	Total	Pay Bill No. And Date

Monthly wages, vide Sectionof the Act is Rs
Half monthly payment as compensation videScheduleof
the Act is Rs
Full / Half pay for the first seven days fromto gas
been paid under the Railway Rules, vide my No
Compensation for the period fromto
under Section 4 of the Act is as under

Divisional Personnel Officer

Form A

DEPOSIT OF COMPENSATION FOR FATAL ACCIDENT (Section 8(1) of the Workmen's Compensation Act 1923)

Compensation amounting Rs..... is hereby presented for deposit

In respect of injuries resulting in the death of the workman, whose particulars are given below, which accrued on Father's Name-----(Husband's name in the case of married woman and widow) Caste-----Permanent address------1. His/her monthly wages are estimated Rs. 8000. He/She was over/under the age of 15 years at the time of his/her death 2. The said workmen had, prior to the date of his/her death received the following payments namely Rs.-----on------on-------on------3. San Advance of Rs.-----has been made on account of compensation to -----------being his/her dependent. 4. I do not desire to be a party of the proceedings for distribution of the aforesaid compensation. Signature of the employer Date----