# **MEMORANDUM OF AGREEMENT**

It is he	reby submitted that on the day of, personal injury
was	caused to
Sri./Smt	
residing at	
the course of h	nis / her employment in
	n permanent disablement to the said workman of the following nature,
	s monthly wages are estimated at Rs The workman is over 1 ge / will reach the age of 15 years, on The said workman has
	e of this agreement received the following payments namely,
It is further s Railway, Triva said workman	submitted that the Divisional Railway Manger ( Personnel), Southern ndrum—14, the employer of the said workman, has agreed to pay and the has agreed to accept the sum of Rs.
in full settleme	ent of all and every claim under the workman compensation Act,. 1923 in disablement stated above and all disablement how manifest. It is, therefore, this memorandum be duly recorded.
Dated:	Signature of the Employer:
Witness:	
	Signature of the Workman
Witness.	
	RECEIPT
In acco	rdance with the above agreement, I have this day the day received a
sum of Rs.	()
Dated:	
	The money has been 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)

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 Medical Ce	
Monthly wages calculated according to Se	ection 5(1) of the Act:
	: Death / Total /Partial
Nature of Disablement If Partial, percentage of Loss of Earning C Compensation payable	
If Partial, percentage of Loss of Earning C	Capacity
If Partial, percentage of Loss of Earning C Compensation payable Fotal Half Monthly Payments already ma	Capacity
If Partial, percentage of Loss of Earning C Compensation payable	Capacity
If Partial, percentage of Loss of Earning Compensation payable Total Half Monthly Payments already made Balance Compensation Payable Details of method of payment Certified that the employee is a Working	Capacity  de vide details on reverse.  : : : man within the meaning of the Act, that the is / her employment and that it was not directly the content of the
If Partial, percentage of Loss of Earning Compensation payable  Total Half Monthly Payments already man Balance Compensation Payable  Details of method of payment  Certified that the employee is a Working accident arose out and in the course of h	Capacity  de vide details on reverse.  : : : man within the meaning of the Act, that the is / her employment and that it was not directly the content of the
If Partial, percentage of Loss of Earning Compensation payable Total Half Monthly Payments already made Balance Compensation Payable Details of method of payment Certified that the employee is a Work accident arose out and in the course of hattributable to any of the causes detailed in	Capacity  de vide details on reverse.  : : : man within the meaning of the Act, that the is / her employment and that it was not directly a Section 3(1)(b) of the Act.
If Partial, percentage of Loss of Earning Compensation payable Total Half Monthly Payments already made Balance Compensation Payable Details of method of payment Certified that the employee is a Working accident arose out and in the course of hattributable to any of the causes detailed in Submitted to the DFM / MDU	Capacity  de vide details on reverse.  : : : man within the meaning of the Act, that the is / her employment and that it was not directled a Section 3(1)(b) of the Act.  details details on reverse.  District Office

P.T.O

REFERENCE TO ORIGIN	IAL AUTHROITY FOR PAY	MENT OF COMPENSATION		
No	Da	nted		
Half Monthly Payments Made				
	Authority	Interim Medical CErtificate		

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

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

ABSTRACT 'D'

SOUTHERN RAILWAY
Passed for Rupes/Rs.
Less Deductions/Rs.
Net Wmount Payable/Rs.
Rupees
DatedSr.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......
- 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	
		<u> </u>					
		1					

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

Monthly wages, vide Sectionof the Act	is Rs
Half monthly payment as compensation vide	Scheduleof
the Act is Rs	
Full / Half pay for the first seven days from	to gas
been paid under the Railway Rules, vide my No	
Compensation for the period from	to
under Section 1 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)

 $\label{lem:compensation} Compensation amounting \ Rs..... is hereby presented for deposit$ 

	pect of injuries resulting in the death of the workman, whose particulars are given , which
accrue	d on
	's Nameand's name in the case of married woman and widow)
Caste-	
Perma	nent address
1.	His/her monthly wages are estimated Rs. 8000. He/She was over/under the age of 15 years at
2.	the time of his/her death The said workmen had, prior to the date of his/her death received the following payments namely
	on on on
R	son on on
Rs	 ononon
	San Advance of Rshas 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.
Date	Signature of the employer