

**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 disablement to the said workman of the following nature, namely..... The said workman’s monthly wages are estimated at Rs. .... The workman is over 1 years of the age / will reach the age of 15 years, on ..... The said workman has prior to the date of this agreement received the following payments namely,-----

It is further submitted that the Divisional Railway Manger ( Personnel), Southern Railway, Trivandrum—14, the employer 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 claim under the workman compensation Act,. 1923 in respect of the disablement stated above 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**

In accordance 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 Certificate accompanying:

No. and date of Discharge Medical 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 Earning Capacity

Compensation payable

Total Half Monthly Payments already made vide details on reverse.

Balance Compensation Payable :

Details of method of payment :

Certified that the employee is a Workman within the meaning of the Act, that the accident arose out and in the course of his / her employment and that it was not directly attributable to any of the causes detailed in Section 3(1)(b) of the Act.

Submitted to the DFM / MDU

No. V/P.

Dated

District Officer/

Authorised and forwarded to DFM/MDU for verification and payment

Sr. Divisional Personnel Officer,

P.T.O

REFERENCE TO ORIGINAL AUTHORITY FOR PAYMENT OF COMPENSATION

No.....Dated.....

Half Monthly Payments Made

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

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

ABSTRACT ' D '

<b>SOUTHERN RAILWAY</b>	
Passed for Rupes...	...../Rs.
Less Deductions.....	..... /Rs.
Net Wmount Payable.....	...../Rs.
Rupees.....	.....
.....	.....
.....	.....
Dated.....	SrDFM/MDU

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 of full pay	Casual Leave	L.W.P	Sick	Remarks
From	To					

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.

P.T.O

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 Section.....of the Act is Rs.....  
 Half monthly payment as compensation vide..... Schedule.....of 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 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..... Rs..... on.....

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

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

Date-----

Signature of the employer