

It is hereby submitted that: -

I/We hereby declare that the particulars given in Form XXVII are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or no fact has been mis-represented in the above said form made by me/us.

Dated:

Applicant.

FORM-XXIX

[See rule 58(1)]

Whereas a claim for compensation has been made by (applicant) against.....and the said applicant has claimed that he is entitled to file an application under clause (b) or (c) of sub-section (1) of section 92 of the Chapter VII under the Code on Social Security, 2020;

And whereas the undersigned is satisfied that the said applicant is entitled to file the aforesaid claim;

Now, therefore, the competent authority for Employees Compensation...../Government of..... is hereby given notice that the undersigned proposes to settle the claim of the applicant as provided under the Code.

Dated:

Competent authority

FORM-XXX

[See rule 62(1)]

To

.....

Sir,

The report about an accident which occurred on.....at.....(here enter details of premises) and which resulted in death/disablement of the employee is furnished as given below :—

1. (a) Name of the employee ----- Sex ----- Age -----
- (b) Monthly wages
- (c) Nature of employment
- (d) Name of the employer
- (e) Full postal address of the employee/dependants (local and permanent both).
- (f) Full postal address of the factory/establishment where its registered office is located.

2. The circumstances leading to death/disablement of the employee :—

- (a) Time of the accident
- (b) Place where the accident occurred
- (c) Manner in which deceased was/were employed at that time
- (d) Cause of the accident

3. The amount of money deposited by the employer with the competent authority under section 81.

4. (a) Details of compensation paid, if any
(b) Particulars of money invested for the benefit of dependants of deceased employee.

5. Documents forwarded (in original) as under :—

- (a) Death certificate
- (b) Disablement certificate from the competent medical authority
- (c) Receipt for Deposit of Compensation by the employer
- (d) Statement of Disbursement
- (e) Receipt of compensation from the employee/dependants
- (f) Memorandum of Agreement, if any

[F. No. R-11011/03/2020-SS-II]

ASHUTOSH A.T. PEDNEKAR, Jt. Secy.