**ANNEXURE - I**

**FORM OF APPLICATION FOR COMPENSATION**

To,

 The Divisional Forest Officer,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forest Division

 I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter/wife/widow of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_having been injured hereby apply for the grant of compensation for the injury/loss sustained by the attack of wild animals.

 Necessary particulars in respect of injury, loss of property, etc... are given below :-

 I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter/wife/widow of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby apply as a legal representative /agent for the grant of compensation on account of death/injury sustained by Pu/Pi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter/wife/widow of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who died / incapacitated / injured by the attack of wild animals.

 Necessary particulars in respect of the dead / injured are given below :-

1. Name and address of the applicant:
2. Name of the person injured / dead :
3. Relationship with the deceased / injured :
4. Full address of the person injured / dead :
5. Age of the injured / dead :
6. Occupation of the injured / dead :
7. Place, date and time of the accident :
8. Name and address of Police Station in :

whose jurisdiction the accident took

place or was registered

1. Was the person in respect of whom :

compensation is claimed residing or

moving about in forest land ? If so,

location and time of the incident

1. Nature of injuries / loss sustained :
2. Name and address of the Medical :

Officer if any, who attend on

the injuries dead.

1. Period of treatment and expenditure :

in any, incurred thereon ( to be

supported by documentary evidence).

1. Disability for work, if any caused :
2. Brief description of the wild :

animal & nature of encounter.

1. Address of the custodian/forest :

Officer in Charge of the forest

1. Address of the village Officer :

having jurisdiction.

1. Address of the Beat Officer/ :

Forester / Deputy Ranger having

jurisdiction.

1. Title to the property of the :

deceased / injured

1. Amount of compensation claimed :
2. Particulars of loss and expense :
3. Other particulars, if any, which :

the applicant wished to given.

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sloemnly declared that the particulars given above are true to the best of my knowledge.

Place :

Date:

Signature or the thumb impression

of the applicant