**Form “I” Application for the award of compensation**

**(**1) Name of the victim:

Name of the Dependent:

(2) Age of the victim/dependent:

(3) Name of the parents (a) Father:

(b) Mother:

(4) Address:

(5) Date and time of the incident:

(6) Name of the Applicant:

(7) Relationship with the Victim(Legal Heir or NGO):

(8) Whether FIR has been lodged? If ‘Yes’, include a copy of the FIR.

If ‘No’ give reasons thereof:

(9) Whether a complaint has been filed in the court.

If Yes, include a copy of the complaint:

(10)Whether medical examination has been done?

If Yes, enclose Medical Report/ Death Certificate

(11) Details of the Bank Account:

Date*: Signature of the Applicant:*