

Annexure –A(i)

Application to provide compensation in case of death occurred during operation of farm machinery within the State of Himachal Pradesh.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

1. Name of the applicant: _____
Occupation (Please tick the right one):
(a) Farmer _____
(b) Agriculture Labourer _____
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):
(a) Death, (b) Permanent serious injury due to breakage of backbone
(c) Amputation of one limb/permanent serious injury
(d) Amputation of two limbs/permanent serious injury
(e) Cutting of full finger (upto 3 fingers).
(f) Cutting of four fingers (amputation of one limb)

7. Nature of accident (tick the right one):

- (a) Death, (b) Permanent serious injury due to breakage of backbone
- (c) Amputation of one limb / permanent serious injury
- (d) Amputation of two limbs / permanent serious injury
- (e) Cutting of full finger (upto 3 fingers)
- (f) Cutting of four fingers (amputation of one limb)

8. Case of accident / death (Please tick the right one)

- (a) Agriculture related machinery, Power plough, Weeder, Reaper cum binder, (b) Equipments, (c) Tools, (d) Implements, (e) Machinery, (f) Digging of well, (g) Installing Tubewell, (h) Cane crusher, (i) Kohloo, (j) Thresher/Shellars, (k) Working or installing Tubewell, (l) Electric current while working on Tubewell or any other farm machinery, (m) By tractor/power tiller.

(Signature of the applicant
or Finger thumb impression /
other impression)

Signature and address of immediate relatives:

- (i) Village: (ii) Tehsil:
- (iii) District:

It is certified that the above information provided by Sh./Ms.
..... is true and correct.

(a) Signature

(1) Pardhan Panchyat / Secretary of Panchyat

OR

Commissioner Municipal Corporation / Secretary / Executive Officer
of Urban Local Body.

Annexure –A(ii)

Application to provide compensation to the victims of accidents leads to disability occurred during operation of farm machinery within the State of Himachal Pradesh.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

1. Name of the applicant: _____
Occupation (Please tick the right one):

(a) Farmer
(b) Agriculture Labourer
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):

(a) Permanent serious injury due to breakage of backbone
(b) Amputation of one limp/permanent serious injury
(c) Amputation of two limbs/permanent serious injury
(d) Cutting of full finger (upto 3 fingers).
(e) Cutting of four fingers (amputation of one limb)

7. Nature of accident (tick the right one):

- (a) Death, (b) Permanent serious injury due to breakage of backbone
- (c) Amputation of one limb / permanent serious injury
- (d) Amputation of two limbs / permanent serious injury
- (e) Cutting of full finger (upto 3 fingers)
- (f) Cutting of four fingers (amputation of one limb)

8. Case of accident / death (Please tick the right one)

- (a) Agriculture related machinery, Power plough, Weeder, Reaper cum binder, (b) Equipments, (c) Tools, (d) Implements, (e) Machinery, (f) Digging of well, (g) Installing Tubewell, (h) Cane crusher, (i) Kohloo, (j) Thresher/Shellars, (k) Working or installing Tubewell, (l) Electric current while working on Tubewell or any other farm machinery, (m) By tractor/power tiller.

(Signature of the applicant
Finger thumb impression /
other impression)

Signature and address of victim:

- (i) Village: (ii) Tehsil:
- (iii) District:

It is certified that the above information provided by Sh./Ms.
..... is true and correct.

(a) Signature

(1) Pardhan Panchyat / Secretary of Panchyat

OR

Commissioner Municipal Corporation / Secretary / Executive Officer
of Urban Local Body.

Annexure-B(i)

Report of Subject Matter Specialist (Agriculture) of block on claim regarding death occurred due to accident during operation of farm machinery.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

It is certified that information furnished by the Claimant Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms. _____

resident of village/town _____

Tehsil _____ District _____ match

with the information verified and provided by Medical Officer/Doctor (report attached) are due to handling /operation of farm machinery is recommended for acceptance to Dy. Director Agriculture, _____

Signature of the Claimant are taken on dated _____

Signature: _____
Subject Matter Specialist (Agriculture)
Dev. Block. _____

“Sanction Order”

On the basis of facts contained in the application & further verified & recommended by the Subject Matter Specialist (Agr.) of the Block, I hereby sanction Rs. _____ in favour of Sh./Smt. _____ Village _____ Tehsil _____ District _____ as compensation regarding accident due to death occurred during operation of farm machinery as per the scheme circulated by the Govt.

Dy. Director of Agriculture
Distt. _____

Copy to:-

The Director of Agriculture, HP for information, please.

Annexure-B(ii)

Report of Subject Matter Specialist (Agriculture) of block on claim regarding injury/accident occurred due to operation of farm machinery.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

It is certified that information furnished by the Claimant Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms. _____

resident of village/town _____
Tehsil _____ District _____ match
with the information verified and provided by Medical Officer/Doctor (report attached) are due to handling /operation of farm machinery is recommended for acceptance to Dy. Director Agriculture, _____

Signature of the Claimant are taken on dated _____

Signature: _____
Subject Matter Specialist (Agriculture)
Dev. Block. _____

"Sanction Order"

On the basis of facts contained in the application & further verified & recommended by the Subject Matter Specialist (Agr.) of the Block, I hereby sanction Rs. _____, in favour of Sh./Smt. _____ Village _____ Tehsil _____ District _____ as compensation regarding accident occurred during operation of farm machinery as per the scheme circulated by the Govt.

Dy. Director of Agriculture
Distt. _____

Copy to:-

The Director of Agriculture, HP for information, please.

Medical Certificate

It is certified that Shri/Ms. _____
Son/Daughter/Wife/Widow of Sh. /Ms _____
resident of village/city _____
Tehsil _____ District _____ got the treatment in
my hospital/dispensary _____
from _____ upto _____ with register No. _____
dated _____ under the following injuries/accidents:-

- (a) Death
- (b) Breakage of backbone (if it is permanent disability)
- (c) Amputation of two limbs
- (d) Amputation of one limb/organ i.e. hand, foot, eye leg or arm 4 fingers.
- (e) Amputation of full fingers up to 3 fingers.
- (f) Partial amputation of finger/thumb.

Signature of the Doctor (Registered qualified Medical practitioner)

With seal