

## FORM II

**[See Rule 5 of the Railway Claims Tribunal (Procedure) Rules 1989]  
Application under Section 16 of the Act in respect of claims for compensation  
arising out of accident to a train.**

### PART I

Title of the case

### PART II

### INDEX

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Signature of the Applicant

For use in Tribunal's Office.

\_\_\_\_\_  
: Date of filing  
or  
Date of Receipt by post  
Registration No.

Signature for  
Registrar

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**PART III**

To

The Railway Claims Tribunal,  
\_\_\_\_\_

I, \_\_\_\_\_, son/daughter/wife/widow of \_\_\_\_\_  
Residing at \_\_\_\_\_ having been injured in railway  
accident hereby apply for the grant of compensation for the injury sustained.

I, -----son/daughter/widow of -----  
residing at ----- hereby apply as  
dependent for the grant of compensation on account of the death/injury/sustained by  
Shri/Kumari/Shrimati-----son/daughter/wife/widow of  
Shri/ Shrimati-----who died/was injured in the  
railway accident referred to hereunder.

Necessary particulars in respect of the deceased /injured in the accident are given  
below:

1. Name and father's name of the person injured/dead (husband's name in the case of married woman or widow)
2. Full address of the person injured/dead.
3. Age of the person injured/dead
4. Occupation of the person injured/dead
5. Name and address of the employer of the deceased, if any -----
6. Brief particulars of the accident indicating the date and place of accident and the name of the train involved.
7. Class of travel, and ticket/pass number, to the extent known-----
8. Nature of injuries sustained along with medical certificate.
9. Nature and address of the Medical Officer/Practitioner, if any, who attended on the injured/dead and period of treatment.
10. Disability for work, if any, caused.
11. Details of the loss of any luggage on account of the accident -----
12. Has any claim been lodged with any other authority? If so, particulars thereof  
-----
13. Name and permanent address of the applicant -----
14. Local address if the applicant, if any-----

15. Relationship with the deceased/injured -----
16. Amount of compensation claimed-----
17. Where the application is not made within one year of the occurrence of the accident, the grounds thereof -----
18. Any other information or documentary evidence that may be necessary or helpful in the disposal of the claim -----
19. Mention the documents, if any, filed along with application.

I,----- solemnly declare that -----

- a) the particulars given above are true and correct to the best of my knowledge and
- b) I have not claimed or obtained any compensation in relation to the injury/death, which is the subject matter of the application.

Signature or the thumb-impression of the applicant

Date \_\_\_\_\_

Place \_\_\_\_\_

Name of witness and his address in case **left thumb** impression is put by the applicant.

VERIFICATION

I, ----- (name of the applicant) S/o, D/o, W/o -----

Age----- resident of -----

Do hereby verify that the contents of paragraphs \_\_\_\_\_ to \_\_\_\_\_ are true to my personal knowledge and paragraph \_\_\_\_\_ to \_\_\_\_\_ are believed to be true to the best of my knowledge or the legal advice given to me, and that I have not suppressed any material fact.

Signature of the applicant  
Full address

Date:

Place:

To

The Registrar,  
Railway Claims Tribunal,  
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