

PART - III

(See Rule 5 of Railway Claims Tribunal (Procedure) Rules, 1989)

To
The Registrar,
Railway Claims Tribunal.
..... Bench
.....

I, _____ son/daughter/wife/widow of _____ (residing at) _____
_____ having been injured in accident to a train or untoward incident hereby apply for the grant of compensation for the injury sustained.

I, _____ son/daughter/wife/widow of _____ residing at) _____
hereby apply as a dependent for the grant of compensation on account of the death/injury sustained by Shri Kumari/Srimati _____ son/daughter/wife/Widow of _____ who died/ was injured in accident to train or untoward incident referred to hereunder.

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

1.	Name and father's name of the person injured/died (Husband's name in case of married women 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(a).	Brief particulars of the accident indicating the date and place of accident and the name of the train involved	:	
6(b).	Brief particulars of the untoward incident indicating the date and place of the untoward incident	:	
7.	Class of travel and ticket/pass number, platform ticket number to the extent known	:	
8.	Nature of injuries sustained along with medical certificate	:	
9.	Name 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 to the train	:	
12.	Has any claim been lodged with any other authority, if so particulars thereof	:	
13.	Name and permanent address of the applicant (s)	:	
13.A	Bank Account Details -	:	
	1. Account No.	:	
	2. Bank Name and Branch	:	
	3. Type of Account	:	
	4. IFSC No.	:	
	5. MICR No.	:	
14.	Local address of 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 incident to the train or untoward incident, 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 the 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 loss of luggage which in the subject matter of this application.

Counsel for the Applicant(s)

Signature or Left Thumb Impression
of the Applicant

Date
Place:

Name of the witness and his address in case
the applicant puts left thumb impression

VERIFICATION

I, _____ (Name of the applicant) Son / Daughter / Wife / Widow of _____
aged _____ Resident of _____ do hereby verify that the contents of the paragraphs
1 to 19 are believed to be true to the best of my knowledge or the Legal advice given to me and that I have not suppress any
material fact.

Date
Place:

Counsel for the Applicant(s)

Signature or Left Thumb Impression of the Applicant
Full address:

To
The Registrar,
Railway Claims Tribunal,
..... Bench
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