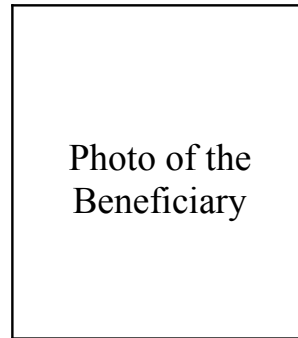
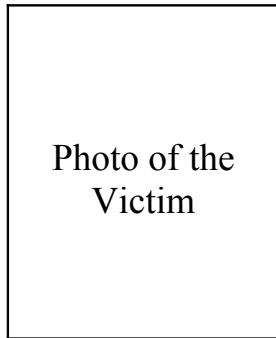


**Application form for assistance to the victims of the family of victims of the  
Communal and terrorist violence.**



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**PART A**

(To be filled in Block Letters)

**I. DETAILS OF THE VICTIM**

1. Name :
2. Age :
3. Sex :
4. Occupation :
5. Father's Name/  
Husband Name :
6. Mother's Name :
7. Address :
8. Identification Proof :
9. Effect of violence on  
the Victim,(Pl. Tick) : Death / permanent Incapacitation
10. In case of incapacitation :
  - a. % of disability :

## II. DETAILS OF THE FAMILY MEMBERS OF THE VICTIM

Sl No	Name	Sex	Age	Father's/Husband's Name	Relationship with the victim

## III. DETAILS OF THE BENEFICIARY

1. Name :
2. Age (Date of Birth) :
3. Sex :
4. Father's Name/Husband's Name :
5. Mothers Name :
6. Identification Proof :
7. Relationship with the victim :

## IV. DETAILS OF THE INCIDENT

1. Place :
2. Date :
3. Time :
4. Whether accused identified or not :

5. Other details of the incident :

6. FIR No. and Date :

7. Police station area :

## **V. UNDERTAKING**

I undertake to utilize the assistance for the welfare of all the members of the family failing which the assistance may be withdrawal at any time without notice.

## PART B

This is to certify that \_\_\_\_\_ (name of the victim)

aged \_\_\_\_\_ years Male/Female, resident of \_\_\_\_\_

\_\_\_\_\_

S/o / W/o \_\_\_\_\_ has been killed/permanently

incapacitated in the \_\_\_\_\_ incident

(Communal/terrorist/militant/insurgency) on \_\_\_\_\_ (Date & Time)

at \_\_\_\_\_ (Place of incident)

Mr./Mrs./Miss \_\_\_\_\_ (Name of the

beneficiary), \_\_\_\_\_ (Relationship) of

\_\_\_\_\_ (Name of the victim), aged \_\_\_\_\_ years,

Male/female has been found eligible to receive compensation of Rs.3 lakhs from the Central Scheme for assistance to victims of terrorist and communal violence.

His/Her name has been recommended by the District Committee. He/She or anyone in the family has so far not been given any permanent job in the Government on compassionate ground on account of death of the bread-winner/ householder of the family in the communal, terrorist violence. It is certified that the victim has not suffered due to any Criminal incident or natural factors.

Following documents have been submitted by the claimant:

1. Police/FIR Report
2. Death cum Post-Mortem Certificate (if applicable)
3. Medical Certificate (if applicable)
4. Ration Card or any other proof showing relationship of the beneficiary with the victim (Not required if victim is the claimant)
5. Date of Birth Certificate (if Beneficiary is minor)

6. Recommendation of the District Committee (with signatures of the members)

The fixed Deposit in the name of the \_\_\_\_\_ (Name of Beneficiary) will be opened in \_\_\_\_\_ (Name of the Bank) for the period of \_\_\_\_\_

Date:

Time:

(Signature of the District Collector/Magistrate  
or Deputy Commissioner or any officer  
authorized by him/her)