

**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 application: .....  
Occupation (Please tick the right one):  
(a) Farmer  
(b) Agriculture Labourer
2. Father's Name: .....
3. Category (Please tick the right one)  
(a) General  
(b) Scheduled Caste  
(c) Scheduled Tribe
4. Full Address:  
(a) Village: ..... (b) Panchyat: .....  
(c) Tehsil: ..... (d) District: .....
5. Age: .....
6. Accident Details:  
(a) Date: ..... (b) Time: .....  
(b) Place: ..... (d) Village: .....  
(d) Panchyat: .....

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.

**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 application: .....  
Occupation (Please tick the right one):  
(a) Farmer  
(b) Agriculture Labourer
2. Father's Name: .....
3. Category (Please tick the right one)  
(a) General  
(b) Scheduled Caste  
(c) Scheduled Tribe
4. Full Address:  
(a) Village: ..... (b) Panchyat: .....  
(c) Tehsil: ..... (d) District: .....
5. Age: .....
6. Accident Details:  
(a) Date: ..... (b) Time: .....  
(c) Place: ..... (d) Village: .....  
(e) Panchyat: .....

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.

52437

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.

524380

**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 handing /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.

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Annexure-C

## 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