

## FORM OF APPLICATION FOR COMPENSATION

[See Rule 4 ( a ) ]

To

The Divisional Forest Officer / Wildlife Warden / Wildlife Preservation Officer

.....

I, ..... son / daughter / wife / widow of  
Shri./Smt. .... residing at .....  
having been injured, hereby apply for the grant of compensation for the injury / loss sustained by  
the attack of wild animal.

Necessary particulars in respect of injury, crop damage, loss of property etc., are given  
below:

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I, ..... son / daughter / wife / widow of  
Shri./Smt. .... residing at .....  
hereby apply as a **legal representative/agent** for the grant of compensation on account of  
death/injury sustained by Shri./Kumari/Smt. .... son / daughter / wife /  
widow of Shri./Smt. .... who died / was injured by the attack of wild  
animals.

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

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1. Name and address of the applicant.
2. Name of the person injured / dead.
3. Relationship with the deceased / injured.
4. Full address of the person injured / dead.
5. Age of the person injured / dead.
6. Occupation of the person injured / dead.
7. Monthly income of the person injured /  
dead.
8. Particulars showing the extent of damages  
to crop, houses, huts, etc.
9. Place, date and time of the accident.
10. Name and address of Police Station in  
whose jurisdiction the accident took place  
or was registered.

11. Was the person in respect of whom compensation is claimed residing or moving about in forest land? If so, give name of the reserve forest, location and time of the incident.
12. Nature of injuries/loss sustained.
13. Name and address of the Medical Officer/Practitioner, if any, who attended on the injured /dead.
14. Period of treatment and expenditure, if any, incurred thereon (to be supported by documentary evidence).
15. Disability for work, if any, caused.
16. Brief description of the wild animal and nature of encounter.
17. Address of the custodian/Forest Officer in charge of the forest.
18. Address of the Village Officer having jurisdiction.
19. Address of the Forester/Game Guard having jurisdiction.
20. Title to the property of the deceased/injured.
21. Amount of compensation claimed.
22. Particulars of loss and expenses.
23. Other particulars, if any, which the applicant wishes to give.

I, ..... solemnly declare that the particulars given above are true and correct to the best of my knowledge. 3

Place:  
Date:

(Signature or the thumb impression  
of the applicant)

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**FOR OFFICE USE**

**A.**

- (a) Loss of earning from ..... to .....
- (b) Partial loss of earning from ..... to ..... at the rate of Rs. .... a day/week.

- (c) Transport to hospital and other incidental expenses.
- (d) Extra Nourishment, if any.
- (e) Damage to clothing and articles.
- (f) Other items, if any.
- (g) Compensation for pain and suffering.
- (h) Compensation for continuing on permanent disability, if any.
- (i) Compensation for the loss of earning power.

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**Total:**

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B. Whether the application is made within the time limit Prescribed?

C.

- (i) Whether the injured/deceased had been involved in any other similar accident earlier? (in case he was, state details)
- (ii) Whether the injured/deceased had preferred a claim for damages in any case earlier, if so, with what result?

D. Any other information that may be necessary or helpful in the disposal of the claim.

(Here furnish a brief account of how the accident occurred and state how the applicant is entitled to claim compensation and how the respondent is liable to pay the compensation claimed.)

E. Recommendation of the reporting Officer.

Place:

Signature with Office Seal

Date: