

**FORM F**  
**[See Rule 20]**  
**APPLICATION FOR COMPENSATION BY WORKMAN**  
**To the Commissioner for Workmen's Compensation**

.....  
..... residing .....  
..... applicant .....  
..... versus .....  
..... residing, at  
..... opposite party

It is hereby submitted that-

(1) the applicant, a workman employed by (a contractor with) the opposite party on the ..... day ..... of ..... 20..... received personal injury by accident arising out of and in the course of his employment.

The cause of the injury was.....  
.....  
.....

(2) the applicant sustained the following injuries namely :  
.....  
.....  
.....

(3) the monthly wages of the applicant amount to Rs. ....:..... the applicant is over/  
under the age of 15 years.

(4) \* (a) Notice of the accident was served on the ..... day of .....

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of .....

(5) The applicant is accordingly entitled to receive-

(a) half-monthly payment of Rs .....  
from the ..... day of ..... 20..... to .....

(b) a lump sum payment of Rs .....

(6) The applicant has taken the following: steps to secure a settlement by agreement namely  
.....  
.....  
but it has proved impossible to settle the question in dispute because .....

\*You are therefore requested to determine the following question in dispute, namely :-

- (a) whether the applicant is a Workman within meaning of Act;
- (b) whether the accident arose out of or in the course of the applicant's employment;
- (c) whether the amount of compensation claimed: is. due or any part of that amount ;
- (d) whether the. opposite party is liable to pay such. compensation as is due ;
- (e) etc., (as required).

Dated the .....

Applicant

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\*Strike out the clauses which are not applicable.