

FORM D

[See rule 9]

**DEPOSIT OF COMPENSATION FOR NON-FATAL ACCIDENTS, OTHER
THAN TO A WORKMAN OR PERSON UNDER LEGAL DISABILITY**

[Section 8(2) of the Workmen's Compensation Act, 1923]

Compensation amounting to Rs..... is hereby presented
for

deposit in respect of permanent\temporary injuries sustained by
.....

.....residing at
.....

.....which
.....

.....occurred
on.....19.....

.....
Employer

Dated..... 19...