

Annexure -A(i)

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 applicant: _____
Occupation (Please tick the right one):
(a) Farmer
(b) Agriculture Labourer
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):
(a) Death, (b) Permanent serious injury due to breakage of backbone
(c) Amputation of one limp/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)

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 erusher, (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.

Annexure –A(ii)

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 applicant: _____
Occupation (Please tick the right one):

(a) Farmer
(b) Agriculture Labourer
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):

(a) Permanent serious injury due to breakage of backbone
(b) Amputation of one limp/permanent serious injury
(c) Amputation of two limbs/permanent serious injury
(d) Cutting of full finger (upto 3 fingers).
(e) Cutting of four fingers (amputation of one limb)

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 erusher, (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.

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.

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 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 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.

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

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Mukhya Mantri
Kissan Evam
Khetihar
Mazdoor
Jeevan
Suraksha
Yojna

This Scheme is to provide compensation to the farmers and agricultural labourers in the event of sustaining injury or death during the operation of farm machinery. Farm machinery for this purpose include Tractors registered for Agricultural purpose, Power Tillers, Weeders, Power plough, Reaper cum Binder, Power Thrasher, Chaffcutters, implements, tools, equipments installation & operation of tube well/bore well/pumping sets, low lifts. The scheme is limited to the domicile farmers and farm labourers and not to a worker/employee of any company/contractor. This scheme shall cover the following incidents.
A)Death or disablement of any farmers or agriculture labourer due to an accident

1	Death	300000
2	Permanent disability due to breakage of backbone or otherwise.	100000
3	Amputation of two limbs/permanent serious injury.	40000
4	Amputation of one limb (amputation of four fingers shall be deemed as loss of one limb)/permanent serious injury.	30000
5	Amputation of full finger (up to 3 fingers).	20000
6	Partial Amputation of finger/thumb.	10000

Nil

IN CASE OF DISABILITY

1. In case of disability the claim application on the prescribed performa (must be filled up by the applicant/thumb impression marked by him/her.
2. The claim must be verified by the Pradhan/Secretary of the Panchyat.
3. Medical certificate issued by registered medical practitioner should be submitted.
4. Photo of affected organ/left over limb be also attached.

IN CASE OF DEATH

1. The claim application on the prescribed performa must be filled up by the legal heir of the deceased.
2. Legal heir Certificate /Postmortum Report and Death Certificate issued by the registered medical practitioner.

The applicant will submit all the concerned documents to the Subject Matter Specialist (Agriculture) of respective Block within 2 months from the date of accident who will forward the claim alongwith his report to Deputy Director Agriculture

Form

<p>occurred while working on the Farm, Machinery, Implements, Tools, Equipments etc. as stated above at his home, farm or while carrying those machinery farm home to farm and vice versa in the State of Himachal Pradesh. This also include Death or disablement of any farmer or farm labourer due to an accident occurred while, installing/operating Tubewell, Borewell, pumping set, low lifts etc.</p> <p>B)Death or disablement of any farmer or labourer due to electric current while installing, carrying and operating any power operated machinery. The age group of the farmer/labourer should not be less than 14 years.</p>					
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