

FORM OF AGREEMENT BETWEEN THE EMPLOYER AND WORKMAN

REGARDING COMPENSATION FOR INJURY CAUSED

TO WORKMAN BY ACCIDENT

MEMORANDUM OF AGREEMENT

It is hereby submitted that on the ..... day of  
....., 2000, personal injury was caused to .....  
residing at ..... by accident arising out of and in the course of  
employment in ..... The said injury has  
resulted in temporary disablement to the said workman whereby it is estimated  
that he will be prevented from earning more than of his previous/ any wage for a  
period ..... months. The said workman has been in receipt  
of half-monthly payments which have continued from the ..... day of  
..... 2000 until the ..... day of ..... 2000,  
amounting to Rs. .... in all. The said workman's monthly wages are  
estimated at Rs. .... The workman is over the age of 15 years/ will reach  
the age of 15 years on ..... It is further submitted that .....  
I, the employer of the said workman has agreed to pay, and the said workman  
has agreed to accept, the sum of Rs. .... in full settlement of all and  
every claim under the Workmen's Compensation Act, 1923, in respect of all  
disablement of a temporary nature arising out of the said accident, whether now

or hereafter to become manifest. It is, therefore, requested that this memorandum be duly recorded.

Dated.....

Signature of employer .....

Witness.....

Signature of workman .....

Witness.....

Note.-An application to register an agreement can be presented under the signature of one party, provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid).

In accordance with the above agreement, I have this day received the sum of

Rs. ....

Dated .....2000.

.....workman

The money has been paid and this receipt signed in my presence.

.....witness

Note.—This form may be varied to suit special cases, e.g., injury by occupational disease agreement when workman is under legal disability etc.