

Form-1

(In Duplicate)

Bihar State Migrant Labour Accident Grants Scheme

(Accident Information Format)

(To be submitted in Duplicate to B.D.O/Labour superintendent/District Magistrate/Panchayat/Urban bodies)

Sender

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Sir,

This to inform you that Srimati/ Shri _____ S/o/ Daughtter of /W/o _____ resident of Village _____ P.S _____ Block _____ who was Migrant Labour working in (Name of Village/City/District/State) _____ died on (Date of accident) _____ at (Place of accident) _____ on account of (Cause of death) _____

Yours faithfully

Name of Claimant/ Informant _____ Father's Name _____
Village _____ Panchayat _____ District _____
Relation with deeeased _____

Receipt

Bihar State Migrant Labour Accident Grant Scheme

Received the information in Form-1 about the death of Migrant Labour Srimati/Shri _____
_____ S/o/Daughter of /W/o _____ from Srimati/
Shri _____ on _____

Signature

Name

Designation

Seal.....

Date: