

Form - 2
(In Duplicate)

Claim For of Bihar State Migrant Labour Accident Grants scheme (To be submitted in Triplicate to B.D.O. / Labour Superintendent / District Magistrate*)

1. (a) Name of deceased (In Block Capital Letters) _____
(b)Address - Village _____ Panchayat _____
P.S _____ Circle _____
District _____
 2. Statement of Accident :
(a) Date _____
(b) Time _____ A.M. / P.M.
(c) When was B.D.O. / Labour Superintendent / D.M / Panchyat / Urban bodies informed

(e) Details of Accident _____
(f) Date of Death & Time _____
 3. Name of Authority issuing
Death Certificate / Post Mortem
Report.
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*The receipt of the claim form shall be acknowledged and one signed copy of the form shall be given to the applicant in time of the receipt.