ANNEXURE-1

APPLICATION FORM FOR ASSISTANCE TO THE VICTIM OR THE DEPENDENTS OF THE VICTIMS OF THE CRIMES UNDER SECTION 357A OF THE CODE OF CRIMINAL PROCEDURE,1973.(see rule 6)

**PART A**

A. DETAILS OF THE VICTIM (to be filled in block letters)

1. Name: …………………………

2. Age: ………………………..

3. Sex: …………………………

4. Occupation: ………………………….

5. Father’s name/Husband's name: …………………………

6. Mother’s name: ………………………....

7. Address: ………………………….

8. Identification Proof: ………………………….

9. Effect of violence: (Plz Tick) i) Death ii) Rape iii) Acid Burns iv) Loss of any limb or pail of body resulting in handicap of 80% or above v) above 40% and below 80%. vi) 40% handicap vii) Rehabilitation viii) loss or injury due to mental agony to women and victim of human trafficking ix) Simple loss or injury to child victim.(please enclose all relevant documents like FIR/Police Report and injury report, if any)

B. DETAILS OF FAMILY MEMBERS OF THE VICTIM:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SI No | Name | Sex | Age | F/Name or Husbands Name | Relationship with the victim |
|   |   |   |   |   |   |

C. DETAILS OF THE BENEFICIARY.

(To be filed in block letters)

1. Name: ………………….

2. Age: ………………….

3. Sex: ………………….

4. Occupation: …………………

5. Father’s name/Husband's name: ……………………

6. Mother’s name: ……………………

7. Address: ……………………

8. Identification Proof: ……………………

9. Relationship with the victim: ……………………

FORWARDING

This is to certify that the ………………………………. , (victim applicant/dependents) are eligible for receipt of the compensation under the Arunachal Pradesh Victim Compensation Fund Scheme,2011 and as such their case is recommended for consideration.

Date:

Place:

(Superintendent of Police / Judicial Magistrate)