

**FORM OF APPLICATION FOR COMPENSATION
FOR INCIDENTS/ACCIDENTS DUE TO STRAY ANIMALS AND DOG BITE**

To

The Deputy Commissioner-cum-Chairman Chandigarh Stray Animal Incident/Accident Compensation committee

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I, son / daughter / wife / widow of Shri./Smt. residing at having been injured, hereby apply for the grant of compensation for the injury / loss sustained due to the accident/incident/bite due to(animal).

Necessary particulars in respect of death/permanent disability/ injury etc, are given below:

I, son / daughter / wife / widow of Shri./Smt. residing at hereby apply as a **legal representative/agent** for the grant of compensation on account of death/Permanent disability/injury sustained by Shri/Kumari/Smt. son/daughter/wife/widow of Shri./Smt. who died/Permanent disabled/injured due to the accident/incident/bite due to(animal).

- Necessary particulars in respect of the deceased/injured are given below:
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1.

Name and address of the applicant_____
2.

Name of the person injured/dead_____
3.

Relationship with the deceased/injured_____
4.

Full address of the person injured/dead_____
5.

Age of the person injured/dead_____
6.

Occupation of the person injured/dead_____
7.

Copy of DDR _____
8.

Medical certificate of treating doctor _____
9.

Place, date and time of the accident/incident_____
10.

Nature of injuries/loss sustained/degree_____
11.

Name and address of the Medical Officer/Practitioner and Medical Facility, if any, who attended on the injured /dead_____
12.

Period of treatment and expenditure, if any, incurred thereon (to be supported by documentary evidence)_____
13.

Disability for work, if any, caused_____
14.

Brief description of the wild animal and nature of encounter_____
15.

Other particulars, if any, which the applicant wishes to give_____
16.

Whether the injured/deceased had preferred a claim for damages in any case earlier, if so, with what result?_____
17.

Any other information that may be necessary or helpful in the disposal of the claim_____
18.

Bank Account details _____

I,..... solemnly declare that the particulars given Above are true and correct to the best of my knowledge.

Place:

Date:

Mob. No._____

(Signature or the thump impression of the applicant)

There are following mandatory documents are required to be submit with this duly filled application form:

1. A copy of the DDR report from your area police station, specifying the date, time, and location of the dog bite incident.
2. A copy of the hospital/medical institute card, containing complete details of the treatment received, including the type of injury & its extent i.e. No. of bite marks or dimension of flesh removal, if any.
3. A photocopy of your bank passbook to facilitate the compensation payment.
4. A copy of your Aadhaar card for identification purposes.

Please submitted the above-mentioned documents at the Office of the Medical Officer of Health, 30 Bays Building, S.C.O. 6-9, Sector 17-B, Chandigarh for further processing and consideration.