FORM AA

[See Rule 6 (1)]

DEPOSIT OF COMPENSATION FOR NON-FATAL ACCIDENT TO A WOMAN OR PERSON UNDER LEGAL DISABILITY
[Section 8 (1) of the Workmen’s Compensation Act, 1923]

1. Compensation amounting to Rs. ......................... is hereby presented for deposit in respect of injuries sustained by ................................................................. residing at..........................................................................................................................................................
........................................................................... on 20................................................ result in the loss of / temporary disablement.

His/her monthly wages are estimated at Rs....................... he/she was over/under the age of 15 years at the time of accident.

2. The said injured workman has; prior to the date of the deposit, received the following halfmonthly payments, namely :

   Rs............................on.......................... Rs............................on............
   Rs............................on.......................... Rs............................on.............
   Rs............................on.......................... Rs............................on............

   amounting in all to Rs ...........................

Dated 20 .................

Employer.