

**FORM B**

[See Rule 6 (1)]

**RECEIPT FOR COMPENSATION**

**(Deposited Under Section 8 (1) of the Workmen's Compensation Act, 1923)**

Book No.....Receipt No..... Register No..... Depositor  
.....Deceased or injured workman.....  
Date of deposit.....20.....Sum deposited Rs.....  
.....

Commissioner