

**FORM D**

[See Rule 9]

**DEPOSIT OF COMPENSATION FOR NON-FATAL ACCIDENTS OTHER THAN TO A  
WOMAN OR PERSON UNDER LEGAL DISABILITY**

[Section 8 (2) of the Workmen's Compensation Act, 1923]

Compensation amounting to Rs ..... is hereby presented for deposit  
in respect of permanent / temporary injuries sustained by.....  
residing at ..... which  
occurred on.....20.....

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

Employer.