FORM H
APPLICATION FOR COMMUTATION
(Under Section 7 of the Workmen's Compensation Act, 1923)

To

The Commissioner for Workmen’s compensation

residing at…………………………… applicant…………………………… versus

…………………… residing at ……………………… opposite party …………………

It is hereby submitted that-

(1) The applicant / opposite party has been in receipt of half monthly payments

from……………………to …………………… in respect of temporary

disablement by accident arising out of and in the course of his employment.

(2) The applicant is desirous that the right to receive half monthly payments should be

redeemed.

(3) (a) The opposite party is unwilling to agree to the redemption of the right to

receive half monthly payments.

(b) The parties have been unable to agree regarding the sum for which the right

to receive half monthly payment should be redeemed.

Your are therefore requested to pass orders-

(a) directing that the right to receive half-monthly payments should be redeemed.

(b) fixing a sum for the redemption of the right to receive half-monthly payments.

Dated…………………………

Applicant.