**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 …………………..

 Dated ………………………. 20………………………….

Employer ……………………………….