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वन अनुसंधान संस्थान देहरादून  
Forest Research Institute, Dehradun  
भवन अनुभाग / Building Section  
डायरी संख्या / Dairy No. 62  
दिनांक / Date 27/8/19

वन अनुसंधान संस्थान, देहरादून  
कुल सचिव कार्यालय  
डायरी सं. 1502  
दिनांक 27/8/19

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सचिव  
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IT & G.I.S. Discipline

भारतीय वानिकी अनुसंधान एवं शिक्षा परिषद्  
INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION

(पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार का एक स्वायत्त निकाय)  
(An Autonomous Body of the Ministry of Environment, Forest and Climate Change, Govt. of India)

डाकघर : न्यू फॉरेस्ट, देहरादून - 248006 (उत्तराखण्ड)  
P.O. New Forest, Dehradun - 248 006 (Uttarakhand)

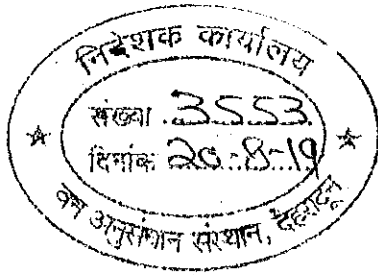
No. 48-1/2019-ICFRE

Dated the 11/ August, 2019.

NOTIFICATION

In pursuance to the approval conveyed by the Ministry vide letter No.17-9/2019-FE dated 16.07.2019, the Director General, ICFRE is pleased to notify the "Guidelines for settlement of claims for compensation on accidents applicable to the ICFRE & its Institutes/Centres under its control" as at Annexure-A.

Encl : As above.



D/W

(Rajeev Kumar Tiwari)  
Secretary

Indian Council of Forestry Research and Education

Distribution :

1. All DDOs, ICFRE; Director (IC), ICFRE; All ADGs, ICFRE; CVO, ICFRE; Head, IAC, ICFRE.
2. The Directors of all Institutes under ICFRE.
3. The Under Secretary (FE), MoEF&CC, New Delhi for information w.r.t. letter No. 17-9/2019-FE dated 16.07.2019.
4. ICFRE website
5. Guard File.

Bldg. & Misc. Section

Forwarded to the following :-

1. All HODs for information.
2. Head, IT & G.I.S. Division for uploading the guidelines on the FRI website.

No. 6-38/2019-Misc.  
Dated the 27/8/19

D/W  
कुल सचिव / Registrar  
वन अनुसंधान संस्थान देहरादून  
Forest Research Institute, Dehradun

ANNEXURE-A

GUIDELINES FOR SETTLEMENT OF CLAIMS FOR  
COMPENSATION ON ACCIDENTS APPLICABLE TO THE  
INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION  
AND ITS INSTITUTES/CENTRES UNDER ITS CONTROL

- 1) **Title:** These guidelines shall be called as Guidelines for Settlement of Claims for Compensation.
- 2) **Effective date:** The guidelines shall be effective from the date of Notification.
- 3) **Applicability:** These guidelines shall govern the settlement of compensation claims arising out of accidents as defined in these guidelines, within the premises of the ICFRE and its Institutes/Centres, resulting into loss of life or Permanent disability of the victim. It will exclude the premises owned by other State/Central Govt. Departments/Organizations/Bodies who are sharing the same campus.
- 4) **Definitions:**
  - a) **Accident:** Any death or permanent disability resulting solely and directly from any unintended and unforeseen injurious occurrence caused during the maintenance, operation and Provisioning of any public services undertaken by the ICFRE and its Institutes/Centres under its control.
  - b) **Competent Authority:** Competent Authority means 'Director General' ICFRE.
  - c) **Council:** Means Indian Council for Forestry Research & Education, Dehradun and for the purpose of the present Guidelines includes, ICFRE (HQs), the Institutes/Centres under its control.
  - d) **Dependent:** As defined in the Employee's Compensation Act, 1923.
  - e) **Designated Officer:** An Officer designated by the Competent Authority for the purpose of receiving and processing claims for compensation under the present Guidelines.
  - f) **Victim:** Any person who suffers permanent disablement or dies in an accident as defined in these Guidelines.
  - g) **Permanent Disablement:** A disablement that is classified as a permanent total disablement under the proviso to Section 2 (I) of The Employee's Compensation Act, 1923.
- 5) **Detailed Accident Report:** - The report prepared by the police within a period of 30 days from the date of incident as per Schedule -I of this guidelines.

**Explanation :-** For the purposes of the preparation of the detailed accident report, the word "injury" as referred in Schedule—I refers to "permanent disability" as mentioned in clause 4(g) of the Guidelines.

6. **Extent of Liability:** On the occurrence of any "accident" as defined under these Guidelines, the Council shall whether or not there has been any wrongful act, neglect or default on its part and notwithstanding anything contained in any other law, be liable to pay compensation to such extent as prescribed below:

- (i) In the event of death or permanent disability resulting from loss of both limbs : Rs. 10,00,000/- ( Rs. Ten Lacs only)
- (ii) In the event of other permanent disability: Rs. 7,00,000/- ( Rs. Seven Lacs only)

7. **Procedure for settlement of claims in respect of compensation**

- a) The victim or his/her dependents would make an application within a period of 90 days of the accident to the Designated Officer under whose jurisdiction the accident had occurred. The application should be accompanied by the following documents:-
  - (i) -Proof of age of the victim.
  - (ii) Death certificate of the victim
  - OR
  - Permanent disability certificate issued by the Medical Board authorized by the Government.
  - (iii) Certified copy of FIR lodged in respect of the accident.
  - (iv) Proof of applicant's relation with the victim/ Dependency Certificate.

The Designated Officer may seek any further documents for settlement of claim to its satisfaction.

Provided that where there are more than one dependent, the Applicant must mention their names, addresses and relations with the victim and the Designated Officer may on his own discretion issue notices to all before releasing the compensation.

- b) The Designated Officer on receipt of above application shall take into consideration the Detailed Accident Report submitted by the Police Authority, would process the claim of compensation on priority basis, but would not take more than 30 days for disposing off the same in any case.
- c) The Designated Officer, in case where no application is received from the victim/dependents of victims, may on receipt of the detailed accident report proceed suo-moto to initiate the process for consideration for grant of the compensation to the victim/dependents of victim.
- d) With effect from the date of the present Guidelines, all contracts/agreements to be entered into by the Council with any person or agency for maintenance, operation and provisioning of public services would invariably include a clause whereby any compensation paid under these guidelines shall be recoverable from such person, agency or firm. |
- e) The claims for compensation will cover only those cases which are directly affected by the services provided by Institute/Centre/Council.
- f) In no case a claim for appointment of any of the dependents on the compassionate grounds would be entertained by the Council.

8. Method of Disbursement of compensation :

- i. The amount of compensation so awarded shall be deposited in a Nationalized Bank or if the branch of a Nationalized Bank is not in existence, it shall be deposited in the branch of a scheduled commercial bank, in the joint or single name of the victim/dependent(s). Out of the amount so deposited, 75% (seventy five percent) of the same shall be put in a fixed deposit for a minimum period of one year and the remaining 25% (twenty five percent) shall be available for utilization and initial expenses by the victim/dependent(s) as the case may be.
- ii. In the case of a minor, 75% of the amount of compensation so awarded shall be deposited in the fixed deposit account and shall be drawn only on attainment of the age of majority, but not before one year of the deposit. Provided that in exceptional cases, amounts may be withdrawn for educational or medical needs of the beneficiary at the discretion of the Council.
- iii. The interest on the sum shall be credited directly by the bank in the savings account of the victim/dependent(s) on monthly basis.

9. Appeal:

An appeal against the decision of the Designated Officer in respect of the amount of compensation or rejection of such claim shall be made to competent authority within a period of 30 days of such decision. The Competent Authority would decide the same within 30 days of receipt of such appeal.

**SCHEDULE-I**

<b>PART-1- PARTICULARS OF THE ACCIDENT</b>		
1.	FIR No..... Date and Under Section	
2.	Name of the Police Station	
3.	Date, Time, Place of the accident	
4.	Who reported the accident to the police	
5.	Name of the Person who took the victim to the hospital and Name of the Hospital	
6.	Whether any hospital denied treatment to the Victim	
7.	Nature of the accident :- (i) Whether resulted in death or injury or both? (ii) Number of persons injured/died.	
8.	Name and Contact No. of the Investigating Officer	
9.	Name of the witnesses of the accident	
10.	Description of the accident	

**"PART- II - IMPACT OF THE ACCIDENT ON THE VICTIMS**

1.	<p>Death Cases :-</p> <ul style="list-style-type: none"><li>a) Name and Address of the deceased</li><li>b) Age</li><li>c) Gender</li><li>d) Education</li><li>e) Occupation</li><li>f) Income (Monthly)</li><li>g) Legal Heirs/Guardian<ul style="list-style-type: none"><li>i. Name</li><li>ii. Relationship</li><li>iii. Age</li><li>iv. Address</li><li>v. Contact No.</li></ul></li></ul>	
2.	<p>Injury Cases (permanent disablement)</p> <ul style="list-style-type: none"><li>a) Name and address of the injured</li><li>b) Age</li><li>c) Gender</li><li>d) Education</li><li>e) Occupation</li><li>f) Income (Monthly)</li><li>g) Details of family dependent of the victim MLC No.</li><li>h) Nature of injuries</li><li>i) Name of the Hospital where the injured treated</li><li>j) Whether victim refused medical treatment</li><li>k) Period of hospitalization</li><li>l) Period of treatment</li><li>m) Whether treatment continuing</li><li>n) Name, address and contact number of the doctor(s) who treated the injured</li><li>o) Whether the injured underwent any surgery? If yes, then give particulars.</li><li>p) Whether suffered any permanent disability.</li><li>q) Expenditure incurred on treatment conveyance, special diet, attendant etc. Give details, if available.</li><li>r) Whether the injured got reimbursement of medical expenses from his employer or under a mediclaim policy. Give details, if available.</li><li>s) Whether the injured was provided cashless treatment by the Insurance Company? Give details, if available.  </li></ul>	
3.	<p>Any other relevant information.</p>	

PART-III - RELEVANT DOCUMENTS TO BE ATTACHED		
1.	First Information Report	
2.	Photographs of the scene of the accident from all angles	
3.	Statement of the witnesses recorded by the Police.	
4.	Scientific report, if the Victim was under the influence of any liquor/drugs	
5.	In case of Death, -  a) Post Mortem Report b) Death Certificate c) Photograph and proof of the identity of the Dead. d) Proof of legal representatives of the deceased. e) Photograph, specimen, signatures attested by the bank and identify proof of the legal representatives of the deceased. f) Treatment of the deceased with name and address of the Hospital. g) Bank account No. of the legal representatives of the deceased.	
6.	In case of Injury a) MLC b) Multi angled photographs of the injured. c) Photograph, specimen, signatures attested by the bank and identify proof of the Injured. d) Disability certificate	
7.	Any other relevant information.	

**VERIFICATION**

Verified at ..... on this..... of....., that the contents of the above report are true and correct and the documents mentioned in Part III have been verified.

Station House Officer  
(Name and Stamp)

Assistant Commissioner of Police  
(Name and Stamp)