Workmen's Compensation Rules FORM M

See Rule 48

Memorandum of Agreement

| It is hereby submitted th | at on the | day of | 19personal |
|---|--|---|--|
| injury was caused to | | , residing at | |
| _ | | by accider | it arising out of and in the course |
| of employment in | | The said | injury has resulted in temporary |
| disablement to the said | workman, who is at | present in receipt of wages amount | nting to Rs |
| per month/no wages. | | | |
| The said workman's mo | nthly wages prior to | the accident are estimated at Rs. | |
| The Workman is subject | t to a legal disability | by reason of | |
| It's is further submitted t | hat | tr | ne employer of the workman has |
| agreed to pay and | | on behalf of the said | workman has agreed to accept |
| said temporary disabler payments may be varie earnings of the said wo | ment. This agreeme d in accordance wi rkman during disab | ent is subject to the condition that th the provisions of the said Act o element. It is further stipulated that this agreement. It is, therefore, re | the amount of the half-monthly n account of an alteration in the all rights of commutation under |
| Dated | 19 | | |
| Signature of employer_ | | | |
| Witness | | | |
| Signature of workman_ | | | |
| Witness | | | |
| Note: An application to reg | ister an agreement can | be presented under the signature of one d be appended, whenever possible. | party, provided that the other party has |
| Receipt (to be filled in w | hen the money has | actually been paid). | |
| In accordance with the a | above agreement, I | have this day received the sum of | Rs |
| | | Workman | |
| Dated | _19 | | |
| The money has been pa | aid and this receipt s | signed in my presence. | |
| | | | Witness |

 $\textbf{Note.} \textbf{—} \textbf{This form may be varied to suit special cases, e.g., injury by occupational disease, \textit{etc.}$