BHOPAL GAS LEAK DISASTER

(REGISTRATION AND PROCESSING OF CLAIMS) SCHEME, 1985

In exercise of the powers conferred by Section 9 of the Bhopal Gas Leak Disaster (Provision of Claims) Act, 1983 (21 of 1983), the Central Govt. hereby frame the following scheme, namely:

(1) This scheme may be called the Bhopal Gas Leak Disaster (Registration and Processing of claims) Scheme, 1985.

(2) It shall come into force on the date of the publication in the Official Gazette.

Definition.

"Act" means the Bhopal Gas Leak Disaster (Provision of Claims) Act, 1983 (21 of 1983); "BGVMS" means the "Bhopal Gas Victims Monthly Unit Scheme"; "Unit Scheme" means the "Bhopal Gas Victims Monthly Unit Scheme, 1992" made by the Board of the Unit Trust of India in exercise of the powers conferred by the Section 21 of the Unit Trust of India Act, 1961 (53 of 1961); "Section" means a Section of the Act;

3. The Deputy Commissioners appointed under section 6 of the Act shall be the authorities for registration of claims (including the receipt, scrutiny and proper certification of such claims under paragraphs 5 of the Scheme) among within the areas of their respective jurisdictions and they shall be assisted by such other officers as may be appointed by the Central Government under section 6 of the Act for scrutiny and verification of the claims and other related matters.

Manner of filing claim.

4. (1) An application for claim shall be made to the Deputy Commissioner concerned in Form No. 1 or, as the case may be, Form No. 2 or Form No. 3 or Form No. 4 or Form No. 5 appended to this Scheme within a period of sixty days from the date notified by the Commissioner inviting applications for claims.

Provided that if the Deputy Commissioner is satisfied that the claimant was prevented by sufficient cause from filing the application for the claim within the said period of sixty days, he may entertain the application for the claim within a further period of sixty days but not thereafter.

(2) Notwithstanding anything contained in sub-paragraph (1) an application for a claim arising in future on account of the Bhopal gas leak disaster may be made to the Deputy Commissioner within such further period, after the expiry of the period specified in the provision to the said sub-paragraph (1) as he may specify from time to time.

(3) The claim may be made by any person affected by the Bhopal Gas Leak Disaster or, as the case may be, the spouse, children or other heirs of such deceased person or by a representative duly authorized by such person in this behalf or, in the case of a minor so affected, by his guardian.

(4) A separate claim form in respect of each category of claim specified in paragraph 5 of the Scheme shall be filed by each person having a claim. Each person filing a claim shall be considered to have a single claim regardless of the number of categories of claim included therein.

(5) The Deputy Commissioner shall provide the required forms for filing the applications free of cost.

Transfer of application for claims.

*4. (1) Notwithstanding anything contained in paragraph 4, all applications received by the Commissioner other than the Bhopal Gas Leak Disaster (Registration and Processing of Claims) Amendment Scheme, 1987, by the Director of Claims or by any other officer specified in the order of the Government of Madhya Pradesh No. 157/1984 (F.P./C.A./1983/155, dated 27th May, 1985) as aforesaid along with relevant records, to the office of Deputy Commissioner concerned as if such applications had been made to that Deputy Commissioner under Paragraph 4 and such Deputy Commissioner may further process the said application in accordance with the provisions of this Scheme.

(2) The Commissioner and Deputy Commissioner may summon any claimant whose application for claim has been transferred under sub-paragraph (1), for verification of particulars in the application and may also call for such additional information as may be required by the Commissioner or the Deputy Commissioner, as the case may be.
(2) The claims received for registration shall be placed under the following categories, namely:

- (a) death;
- (b) total disability resulting in permanent inability to earn livelihood;
- (c) permanent partial disability affecting the overall capacity to earn his livelihood;
- (d) temporary partial disability resulting in reduced capacity to earn livelihood;
- (e) injury of utmost severity;
- (f) minor injury;
- (g) temporary dislocation of means of livelihood;
- (h) claims of the Government authorities under the control of the Government, local authorities and institutions for expenses incurred in providing aid and rehabilitation to the person affected by the Bhagal Gas Leak Disaster;
- (i) claims relating to loss of revenue to Government authorities under the control of Government or local authorities arising out of, or connected with the Bhagal Gas Leak Disaster;
- (j) claims on account of damage to the fauna including birds and drought animals;
- (k) claims arising from damage to flora including destruction of agricultural crops, vegetables, trees and orchards;
- (l) claims on account of damage to environment including pollution of soil, flora, fauna and water systems;
- (m) claims relating to loss and destruction of property;
- (n) claims relating to loss of business or employment or both;
- (o) claims in respect of injuries that are likely to be suffered on account of the Bhagal Gas Leak Disaster;
- (p) any other claim or claims which the Deputy Commissioner may determine to be reasonable in writing as arising out of, or connected with, the Bhagal Gas Leak disaster.

(3) On the consideration of claims made under paragraph 4 of the said Act, if the Deputy Commissioner is of the opinion that the claim falls in a category different from the category mentioned by the claimant, he may decide the appropriate category after giving an opportunity to the claimant to be heard and allow for taking in consideration any facts made available to him in this behalf by the Government in this behalf.

(4) Where the Deputy Commissioner is of the opinion that a claim made under paragraph 4 does not fall in any of the categories specified in sub-paragraph (2), he may refuse to register the claim:

Provided that before refusing, he shall give a reasonable opportunity for a personal hearing to the claimant.

(5) If the claimant is not satisfied with the order of the Deputy Commissioner under sub-paragraph (3) or sub-paragraph (4) he may prefer an appeal against such order to the Additional Commissioner who shall decide the same.

(6) Every appeal under sub-paragraph (5) shall be filed in such form as may be specified by the Additional Commissioner within 60 days from the date on which the order sought to be appealed against is communicated to the claimant preferring the appeal.

(7) The Additional Commissioner shall give a reasonable opportunity to the claimant of being heard before passing an order and a copy of every order passed under this sub-paragraph shall be sent by the Additional Commissioner to the Deputy Commissioners and the claimant.
6. The Deputy Commissioner, while categorising and registering the claims under paragraph 5 of the Scheme shall—

(a) give due consideration and weightage to the data, collected and provided by the Government or the authorities authorised by the Government in this behalf, relating to cases arising out of, or connected with the Bhopal Gas Leak Disaster;

(b) obtain copies of claims filed in different courts or before other authorities, whether within or outside India, to the extent feasible, for proper consideration of the claims made before him.

7. (1) The Commissioner shall cause to be maintained a register for registration, maintenance of claims in serial order according to the receipt of applications for claims and record a register for listing the claims, category-wise as laid down in paragraph 5.

(2) The Commissioner may also cause to be maintained such other record or register as he may deem necessary for the purpose of carrying out the provisions of this Scheme.

8. The Commissioner shall have the power to regulate his own procedure, and the Procedure, procedure to be followed by the Deputy Commissioner and other officers and employees appointed under section 6, in all matters arising out of discharge of his duties, as the case may be, their functions under this scheme, including the place or places where he shall hold his sittings.

9. There shall be created and maintained by the Central Government a Fund to be processed of called the Processing of Claims Account Fund.

(2) The Fund shall include the amount with the Central Government may be Fund, after due appropriation made by Parliament by law in that behalf, credit to the said Fund and any other amounts which may be credited to each Fund.

10. (1) There shall be created and maintained by the Central Government a Fund to be called the Claims and Relief Fund.

(2) The Fund shall include the amounts received in satisfaction of the claims and any other amounts made available to the Commissioner as donation of relief purposes.

11. (1) The amount in the said Fund shall be applied by the Commissioner for the following purposes, namely:

(a) disbursals of amounts in settlement of claims registered with the Deputy Commissioners;

(b) disbursement of amounts as relief (including interim relief) to the persons affected by the Bhopal Gas leak disaster; and

(c) apportionment of part of the fund for disbursal of amounts in settlement of claims arising in future or for disbursal of amounts to the Government of Madhya Pradesh for the social and economic rehabilitation of the persons affected by the Bhopal gas leak disaster.

(4) Separate accounts shall be maintained for receipt and disbursal of amounts in settlement of claims and for relief purposes.

11. (1) The disbursal of any amounts under this Scheme shall be made by the Deputy Commissioner to each claimant through credit in a bank or postal saving accounts or in the manner, etc., *Bhopal Gas Victims Monthly Unit Scheme 1992.

(2) The Central Government may determine the total amount of compensation to be apportioned for each category of claims and the quantum of compensation payable in general, in relation to each type of injury or loss.

(3) The Deputy Commissioner shall determine the quantum of compensation payable to each claimant within a category specified in paragraph 5 in accordance with the provisions of sub-paragraph (4) subject to any Court order, settlement or award of damages in any specific case.

(4) In determining the quantum of compensation payable to the claimants within different categories specified in paragraph 5, regard shall be had amongst other factors, to the following factors, namely:

(a) the probable life span of the person affected by the Bhopal gas leak disaster;

(b) the actual or projectcd earning capacity of the person so affected;

(c) the likely expenditure on immediate and anticipated medical treatment of the person so affected;

(d) mental anguish and physical injury suffered by a person in the Bhopal gas leak disaster; and

(e) the type and severity of physical injury suffered by the persons so affected.

(5) In the event of a dispute as to disbursement of the amounts received in satisfaction of claims, an appeal shall be against the order of the Deputy Commissioner to the Additional Commissioner, who may decide the matter and make such disbursement as he may, for reasons to be recorded in writing; Think it.

(6) The provisions of sub-paragraphs (6) and (7) of paragraph 5 of the Scheme shall apply to the appeal under sub-paragraph (5) of that paragraph.

12. The Commissioner shall cause to be maintained all necessary books of accounts required for carrying the funds created and maintained under paragraphs 9 and 10 of this Scheme and the said books of accounts shall be audited by the auditors appointed by the Central Government.

13. (1) The Commissioner shall be in charge of supervising the work relating to registration, processing and settlement of claims filed under this Scheme and all other matters connected with the administration of the said Scheme.

(2) Where an appeal has not been filed against the order of the Deputy Commissioner passed under sub-paragraph (3) or sub-paragraph (4) of paragraph 5, the Additional Commissioner may call for the record of any claim filed under paragraph 4. If the Additional Commissioner after re-examination of record considers it necessary or expedient so to do, he may revise, for reasons to be recorded in writing, the order passed by the Deputy Commissioner;


*Amended and inserted by the Notification No. G.S.R. 499 (E) dated 10th June 1993, by the Gazette of India Extraordinary.
Provided that where the order in revision is likely to be prejudicial to the interest of the claimant, no such order shall be passed in revision unless the claimant has been given a reasonable opportunity of showing cause against the proposed order.

The provisions of this sub-paragraph shall also apply to the orders of the Deputy Commissioner passed under paragraph 11 of this Scheme for which appeal is contemplated in sub-paragraph (5) thereof.

(3) The Commissioner may, suo motu, call for the record of any claim filed under this Scheme and if he considers it necessary or expedient so to do, revise, for reasons to be recorded in writing, the order passed thereon;

Provided that where the orders in revision is likely to be prejudicial to the interests of the claimant, no such order shall be passed in revision unless the claimant has been given reasonable opportunity of showing cause against the proposed order.

(2) All officers appointed under section 6 of the Act shall work under the supervision of the Commissioner and assist him in carrying out the day-to-day administration of the Scheme and the provisions of the Act.
**FORM No. 1**

(See paragraph 4)

(form claims in respect of persons who were injured in the Bhopal Gas Leak Disaster)

<table>
<thead>
<tr>
<th>(4) Name of Injured Person:</th>
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<tbody>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Father's Name</td>
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</table>

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<tr>
<th>(5) Address:</th>
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<tr>
<td>House No.</td>
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<tr>
<td>Mohalla/Street</td>
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<tr>
<td>Locality</td>
</tr>
<tr>
<td>Place</td>
</tr>
</tbody>
</table>
(3) Age (in Years)

(4) Employment History:
1. Skilled
2. Un-skilled
3. Semi-Skilled
4. Self-employed
5. Un-employed

(5) Income per month
(In Rupees)

(6) Identification:
(A) Ration Card No.
(B) Any other Id. No.
(C) Religion

(7) Injury:
(A) Eye
(B) Respiratory (Chest)
(C) Mental Illness
(D) GIT
(E) Gynaecological
(F) Other than above

(8) Treatment:
(A) Temporary and cured
(B) Still receiving treatment
(C) Hospitalised and cured
(D) Hospitalised but still being treated

(9) Treatment being taken for

(10) Place of treatment being taken
(11) Disability Code:

<table>
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<tr>
<th></th>
<th>Temporary</th>
<th>Permanent</th>
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(12) Treatment after Gas-Tragedy:

<table>
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<tr>
<th></th>
<th>Date</th>
<th>Plate</th>
<th>Total days</th>
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(13) Hospitalisation:

<table>
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<th></th>
<th>Date</th>
<th>Place</th>
<th>Total days</th>
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(14) If pregnant at the time of Gas-leakage:

<table>
<thead>
<tr>
<th></th>
<th>Normal Child</th>
<th>Yes/No</th>
<th>Abnormal Child</th>
<th>Yes/No</th>
<th>Died</th>
<th>Yes/No</th>
<th>Stillbirth</th>
<th>Yes/No</th>
<th>Aborted</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

(15) Total expenditure incurred because of Gas-Tragedy for:

|   | Treatment (in Rupees) | | Disposal etc. (in Rupees) | | Date | |

Any Relief from Government: Yes/No

If yes, amount received as ex-gratia payment (in Rupees):

(17-A) Total Compensation claimed:

(18) Any other information:

(19) Family Code/No. of Socio-Economic Survey:

(20) Code No. of ICMR:

|   |   |   |   |   |   |   |   |

---
(21) Category in which claim falls (see paragraph 5)

(22) Any other relevant information.

*I/We Institution have not made any other claim for compensation/have made other claims for compensation, the particulars of which are given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Form No.</th>
<th>Date</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

*I/We Institution have not filed a separate suit in a court of law for compensation/have filed suit as detailed below in court of law:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Court where suit filed</th>
<th>Suit No.</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

Place:

Signature (with date)
Name:
Designation:
(Seal if any)

Witness:
1. Signature:
2. Name:
3. Address:

*Strike out whichever is not applicable.

VERIFICATION

I, ........................................, do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Signature of the applicant/respondent
Name:
Designation:
(Seal if any):

Witness:
Signature:
Name:
Address:

Warning: Any person making any misrepresentation is liable to be prosecuted.
**FORM NO. 2**
(see paragraph 4)
(for claim in respect of loss of livestock due to Bhopal Gas Leak Disaster)

**FORM No. 62**

**LIVE- STOCK**

1. **Name of owner:**

2. **Father’s name:**

3. **Age (in years):**

4. **Profession:**

5. **Address:**
   - House No. 
   - Mahalla/Street 
   - Locality 
   - Place: 

6. **Purpose for which Livestock was used:**
   - **Domestic/Business**

7. **(A) Number and kind of animals dead:**

   - **Number:**
   - **Code:**

   - **(B) Date of death:**
   - **(C) Proof of death:**
   - **(i) Post Mortem**
   - **(ii) Evidence of removal of dead body**

8. **Market value of livestock dead:**
   - **(in Rupees)**

9. **No. and kind of Livestock in capacity reduced because of Gas Leak Disaster and market value thereof:**

   - **Poultry**
   - **Ass**

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<thead>
<tr>
<th></th>
<th>Bull</th>
<th>Cow</th>
<th>Goat</th>
<th>Bull</th>
<th>Pig</th>
<th>Horse</th>
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<td>Number</td>
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<td>Rupees</td>
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</table>

10. **No. and kind of livestock with reduced efficiency and market value thereof:**

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#7/1719 GT...4
11. Loss of Total Income
In Rupees

12. (A) If Livestock Insured:
Yes/No

(B) Name of Insurance Company

(C) Type of Coverage

(D) Amount received from Company:
In Rupees

13. Any relief received from Government:
Yes/No

If yes, amount received as ex-gratia payment:
In Rupees

13-A Total Compensation claimed:

14. Category in which claim falls
(See paragraph 5)

15. Any other relevant information

* If we/Instution have not made any other claim for compensation/have made other claims for compensation, the particulars of which are given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Form No.</th>
<th>Date</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>
Sl. No. | Court where suit filed | Suit No. | Compensation sought
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Place:

| Signature (with date) |
| Name: |
| Designation: |

Witness:

1. Signature:
2. Name:
3. Address:

*Strike out whichever is not applicable.

**VERIFICATION**

I, ......................... do hereby declare that to the best of my knowledge and belief what is stated above is correct complete and is truly stated.

| Signature of the applicant/respondent |
| Name: |
| Designation: |

Witness:

| Signature: |
| Name: |
| Address: |

**Warning:** Any person making any misrepresentation is liable to be prosecuted.
1. Name of Business

2. (a) Name of the Property

(b) Father's/Husband's

(c) Age in years

(d) Address

3. Business Address

(a) Brief description of

(b) Business Category Code

4. Year in which Business was founded

5. Registration Number
   (Under the Shops and Establishment Act)
7. Number of employees
   (A) On December 1, 1983
   (B) On December 1, 1984
   (C) On January 1, 1985
   (D) At present

8. Details of Income and Expenses:

<table>
<thead>
<tr>
<th>Month</th>
<th>Purchase</th>
<th>Sale</th>
<th>Production</th>
<th>Average of Profit</th>
<th>Gross Income</th>
<th>Gross Expenses</th>
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<tbody>
<tr>
<td>December 83</td>
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9. Financial year of business

10. Annual Gross Income and Gross Expenses:

<table>
<thead>
<tr>
<th>Year</th>
<th>Gross Income</th>
<th>Gross Expenses</th>
</tr>
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<tbody>
<tr>
<td>1982-83</td>
<td></td>
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<tr>
<td>1983-84</td>
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<tr>
<td>1984-85</td>
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</tbody>
</table>
11. Where applicable, please list the number of orders in terms of units of merchandise and the value of orders for the following months:

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of orders</th>
<th>Value of orders in Rupees</th>
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<tbody>
<tr>
<td>December 1983</td>
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<td>July 1985</td>
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</table>

12. (a) No. of days for which business was closed:

   (in days only)

   (A) December 1984

   (B) January 1985

12. (b) Loss of Income due to closure:

   (in Rupees)
13. Did the business lose any property, such as crops or any other goods due to the Bhopal Gas Leak Disaster? If so, please list the particulars including the type and amount of lost property and the value thereof:

<table>
<thead>
<tr>
<th>Code</th>
<th>Type of Loss</th>
<th>Amount of Loss</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

14. (A) If Business Insured

Yes/No

(B) Name of Insurance Company

(C) Type of Coverage

(D) Amount received from Company

(In Rupees)

15. Any Relief received from Government:

Yes/No

If yes, amount received as ex-gratia payment (In Rupees)

15-A Total Compensation Claimed

16. Category in which claim falls

(see paragraph 5)

17. Any other relevant information.

*If/Wed Institution have not made any other claim for compensation/have made other claims for compensation, the particular of which are given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Form No.</th>
<th>Date</th>
<th>Compensation sought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We/Instiution have not filed a separate suit in a court of law for compensation/have filed suit as detailed below in court of law:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Court where suit filed</th>
<th>Suit No.</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

Signature (with date)
Name:
Designation:
(Seal, if any)

Witness:
1. Signature:
2. Name:
3. Address:

*Strike out whichever is not applicable.

VERIFICATION
I, _____________________________, do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Signature of the applicant/respondent:
Name:
Designation:
(Seal, if any):

Witness:
Signature:
Name:
Address:

Warning: Any person making any misrepresentation is liable to be prosecuted.
FORM No. 4
(See paragraph 4)
(For claim in respect of persons who died due to the Bhopal Gas Leak Disaster)

1. Name of Deceased:
   - Surname
   - Name
   - Father/Husband's Name

2. Address at the time of disaster:
   - House No.
   - Street/Mohalla
   - Locality
   - Place

3. Age (in years)
4. Date of Death
5. Place of death
6. Proof of death:
   (A) Death Certificate:
      - Yes/No
   (B) Autopsy Report:
      - Yes/No
   (C) Others:
      - Yes/No

7. Cause of death
8. Employment History (Before Gas Tragedy)
   - Code
   1. Skilled
   2. Semi-skilled
   3. Unskilled
   4. Self-employed
   5. Non-working

*7/719/G3 - 5*
9. Income per month
   (In Rupees)

10. Identification:
    (A) Ration Card No.
    (B) Any other Id. No.

11. Religion

12. Medical treatment, if any (After Disaster and Before Death)

13. Name and age of Spouse and other Legal heirs

14. Address at present (of Spouse)
   House No.
   Street/Mohalla
   Locality
   Place

15. Whether Insured:
    Yes/No
    (A) If yes, name of Insurance Company
    (B) Type of Coverage
    (C) Amount received from Company:
       (In Rupees)

16. Any relief received from Government:
    Yes/No
    If any, amount received as ex-gratia payment:
    (In Rupees)

16-A. Total Compensation claimed:

(17) Category in which claim falls
     (see paragraph 5)

(18) Any other relevant information.
We have not made any other claim for compensation/have made other claims for compensation, the particular of which are given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Form No.</th>
<th>Date</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

We have not filed a separate suit in a court of law for compensation/have filed suit as detailed below in court of law:

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<thead>
<tr>
<th>Sl. No.</th>
<th>Court where suit filed</th>
<th>Suit No.</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

Place: __________________________
Signature with date

Name: __________________________
Designation: ___________________
(Seal, if any)

Witness: _________________________
Signature: _______________________
Name: __________________________
Address: ________________________

*Strike out whichever is not applicable.

VERIFICATION

I, __________________________, do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Signature of the applicant/respondent: __________________________
Name: __________________________
Designation: ___________________
(Seal, if any):

Witness: _________________________
Signature: _______________________
Name: __________________________
Address: ________________________

Warning: Any person making any misrepresentation is liable to be prosecuted.
Information about relief provided to "MIC" gas victims or losses suffered in connection with Bhopal Gas Leak Disaster by Government/Semi-Government or by organisation (Including societies, associations and other juridical persons other than individuals, firms and companies)

1. (a) Name of the Organisation (including safety, occurors or other juridical person, but excluding individuals, firms and companies).

(b) Central/State Government

(c) Name of Directorate/Office/Public Undertaking/Semi-Govt. Body

(d) Ministry of Central, State Govt. exercising administrative control

(e) Role played with reference to Bhopal Gas Leak Disaster

(f) No. of Officers and employees on:

<table>
<thead>
<tr>
<th>Date</th>
<th>OFF</th>
<th>EMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st December 1984</td>
<td></td>
<td></td>
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<tr>
<td>1st January 1985</td>
<td></td>
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</tbody>
</table>

(g) A. If the organisation/Govt./Directorate/Office/Public Undertaking/Semi-Govt. Body was closed because of Bhopal Gas Leak Disaster?

Yes/No
B. Number of days for which closed:

(i) Organisation

(ii) Central Government

(iii) State Government

(iv) Directorate

(v) Office

(vi) Public Undertaking

(vii) Semi-Government Body

(h) Amount of salaries/wages/allowances/pension contribution and other emoluments paid to the officers and employees during foregoing closure of the organisation/State/GoI/Directorate/Office/Public Undertaking/Semi-Govt. Body (in Rupees)

(a) No. of officers and employees engaged in relief and rehabilitation work for Bhopal Gas Victims.

(b) No. of days for which engaged.

(c) Amount of Salaries/Wages/Allowances/pension contribution or other emoluments paid to the officers re-habilitation work (in Rs.)

(d) If the officers, employees are still engaged in relief and rehabilitation work, give the number of officer/employees and the number of the days for which they are likely to be engaged in relief and rehabilitation work and the amount of salaries, wages, allowances, pension contribution or the emoluments to be paid to them (if the exact period can not be specified, approximate period be indicated)

No. of officers

No. of employees

No. of days
Expected amount of salaries, wages, allowances, pension contributions and other emoluments to be paid

(In Rupees)

(e) Incidental expenditure, like purchase of vehicles, FOL, maintenance of vehicles, stationery, etc.

(In Rupees)

(f) Industrial expenditure likely to be incurred in future relief and rehabilitation work.

(In Rupees)

3. (a) Any relief provided by the Organisation/State Government/(Directorate/Office/Public Undertaking/Semi-Govt. Body (Yes/No)

(b) If the Organisation/State Government/(Directorate/Office/Public Undertaking/Semi-Govt. Body has provided any relief in kind (Not covered by any other item in this form), and the number of beneficiaries covered be stated.

(Amount spent in Rupees)

(c) No. of seriously/moderately injured persons to whom payment at the rate of Rs. 2000/- or from Rs. 100 to Rs. 1000 has been made.

(Amount) . . . . . . . . . . . . . . . . . . .

(No. of seriously/moderately injured persons)

(Amount paid in Rupees)

(d) If the relief is to be continued, specify the period, the amount likely to be spent and the number of beneficiaries to be covered.

(Period) (IN DAYS)

(Amount in Rupees)

(No. of beneficiaries)

(e) No. of deceased persons in respect of whom payment at the rate of Rs. 10,000 each has been made.

(No. of deceased persons)

(Amount paid in Rupees)
4. MEDICAL TREATMENT:

(a) The number of in-door/out-door "MIC" affected patients treated since January 1985

In-door patients

(b) The number of in-door/out-door "MIC" affected patients treated in December 1984.

In-door patients

(c) No. of dispensaries, hospitals, poly-clinics/clinics opened for gas victims.

Dispensaries

Hospitals

Poly Clinics

Clinics
29

(d) Expenditure incurred on medicines/equipments (including excise duty on the creation of new health facilities and their maintenance for the patients' treatment of "MIC" gas affected patients since December, 1984 to 31st December, 1985.

(In Rupees)

(e) Expenditure likely to be incurred on the treatment of "MIC" gas affected patients during next six months from 1-10-1985.

(In Rupees)

(f) Is any other new health facility being created for the "MIC" gas affected patients.

Yes/No

(g) Approximate expenditure to be incurred on completion of such facilities.

(In Rupees)

(h) Annual total financial requirement for the treatment of "MIC" gas affected patients requirements for Medical College, J. P. Hospital New health facilities created in the affected areas and any other Government Hospital where "MIC" gas affected patients are being treated should be indicated here.

(In Rupees)

5. (a) Did the Central/State Government or organization create new infrastructure to provide relief to the victims of Bhopal Gas Leak Disaster.

Yes/No

(b) No. of personnel engaged.

(c) Period for which new set-up has been created.

(In Days)

(d) Date from which new set-up was formed.


(In Rupees)

6. (a) If any steps taken for special economic and physical rehabilitation of gas victims Social Rehabilitation

Economic Rehabilitation

Yes/No

Physical Rehabilitation

Yes/No
(b) Amount spent on such rehabilitation till 31st December 1985.

<table>
<thead>
<tr>
<th>(In Rupees)</th>
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</thead>
</table>

- Physical Rehabilitation
- Economic Rehabilitation
- Social Rehabilitation

(c) Amount to be spent on physical/social/economic rehabilitation till 31-3-1986.

<table>
<thead>
<tr>
<th>(In Rupees)</th>
<th></th>
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</thead>
</table>

- Physical Rehabilitation
- Social Rehabilitation
- Economic Rehabilitation

7. (a) Did the Central/State Government/Semi Govt. body suffer any loss of revenue because of Bhopal Gas Leak Disaster.

Yes/No

(b) If the revenue earning for the following months be given

<table>
<thead>
<tr>
<th>(In Rupees)</th>
<th>Sales Tax</th>
<th>Entertainment Tax</th>
<th>Any other form of revenue or tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) December 1983</td>
<td></td>
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<td>January 1984</td>
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<td>February 1984</td>
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<td>June 1984</td>
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<tr>
<td>(ii) December 1984</td>
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<tr>
<td>January 1985</td>
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<td>April 1985</td>
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<td>May 1985</td>
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<tr>
<td>June 1985</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
8. (a) Any claim on account of any damage to fauna including milch and draught animals (not owned by individuals, firms or non-Government Companies, Societies or Institutions)?

Yes/No

9. (a) Any claim on account of any damage to flora (including destruction of agricultural crops, vegetables, trees and orchards (not owned by individuals, firms or non-governmental companies, societies or institutions)

Yes/No

(b) If yes, approximate damage in rupees on account of:

(i) Pollution of soil
   (in Rupees)

(ii) Pollution of flora
     (in Rupees)

(iii) Pollution of fauna
     (in Rupees)

(iv) Pollution of water system
     (in Rupees)

(v) any other kind of pollution
    (in Rupees)
    (here specify pollution)

11. (a) Whether organisation, Central/State Govt./Directorate/Office/Public Undertaking/Semi-Govt. body suffered any loss or damage to property?

Yes/No

(b) If yes

(i) Loss/Damage to immovable property
    (in Rupees)

(ii) Loss/Damage to movable property
     (in Rupees)
12. (a) Whether organisation, Central/State Govt./Directorate/Office/Public Undertaking/Semi-Govt. body suffer any other loss (Not specified herein before)?
   Yes/No

   (b) State briefly nature of loss
   (c) Claim for damage for loss in
   (a) of this item? (In Rupees)

13. Total administrative expenses incurred by organisation/ Central/State Govt./Directorate/Office/Public Undertaking/Semi-Govt. body to cope up with Bhopal Gas Leak Disaster, including all legal and administrative expenses attributable or related to said disaster. (In Rupees)

14. Any other expenditure (not herein before appearing) incurred by organisation/ Central/State Govt./Directorate/Office/Public Undertaking/Semi-Government body attributable or related to Bhopal Gas Leak Disaster. (In Rupees)

(a) Has the organisation/ Central/State Govt./Directorate/Office/Public Undertaking/Semi-Govt. Body instituted or been proceeded against in any claim for damages or compensation with or without any other relief before any court, Authority or Tribunal or any other statutory functionary by whatever name called in respect of Bhopal Gas Leak Disaster?
   Yes/No

(b) If yes, give particulars:

<table>
<thead>
<tr>
<th>No.</th>
<th>Authority/Tribunal</th>
<th>No. and Years of legal proceedings</th>
<th>Date of hearing</th>
<th>At what stage pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Total damages or compensation claimed in legal proceeding.

| (6) | (7) | (8) |

16. Total compensation claimed as on 31st December 1985
(In Rupees)

17. Prepared by Officer/Officer Directorate/
Deptt. of Central / State Govt. or
organization Semi-Govt. locus.

18. Signature of the Respondent

19. Place and Date

20. Signature of the Officer of Directorate of Claims, Bhopal Gas Leak Tragedy, receiving Claim-Form with date.

VERIFICATION

I (name and designation) do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Signature
(with date)

Name:

Designation
(Seal if any)

Warning: Any person making any misrepresentation is liable to be prosecuted.

Notes: -(i) Organization/Central Government/State Government/Department/Office/Public Undertaking/Semi-Govt. body is expected to submit this form in duplicate with two sets of supporting documents justifying expenditure and total claim for compensation.

(ii) Directorate/Office/Public Undertaking/Semi-Govt. Bodies are requested to send claim form No.5 in duplicate with two sets of supporting documents to the Secretary to concerned Deptt. of central Government or State Govt. The Secretary of such Department is expected to prepare a consolidated claim in form No. 5 in duplicate and arrange to send the same with related documents to this Directorate within a fortnight or receipt of memo from this Directorate for submission of claim form No.5.
(iii) Special power of Attorney enclosed with the claim forms as also the completed claim form No. 3 should be signed by responsible officer who normally is authorised to sign or verify claims in court of Law on behalf of concerned Organisiation/ Government/Directorate/Office/Public Undertaking or Semi-Government Body.

(18) Category in which claim falls
(See paragraph 5)

(19) Any other relevant information.

If/We Institution have not made any other claim for compensation have made other claims for compensation, the particular of which are given below:

<table>
<thead>
<tr>
<th>St. No.</th>
<th>Form No.</th>
<th>Date</th>
<th>Compensation Sought</th>
</tr>
</thead>
</table>

If/We Institution have not filed a separate suit in a court of law for compensation have filed suit a detailed below in court of law:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Court where suit filed</th>
<th>Suit No.</th>
<th>Compensation sought</th>
</tr>
</thead>
</table>

Place: ____________________
Signature (with date)
Name: ____________________
Designation: ____________________
(Seal if any)

Witness:

1. Signature: ____________________
2. Name: ____________________
3. Address: ____________________

*Strike out whichever is not applicable.*
VERIFICATION

I, _______________________________ , do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Signature of the applicant/Respondent:

Name:

Designation:

(Seal if any):

Witness:

Signature:

Name:

Address:

Warning: Any person making any misrepresentation is liable to be prosecuted.
GOVERNMENT OF MADHYA PRADESH
DIRECTORATE OF CLAIMS
(Bhopal Gas Leak Tragedy)
(Near Vidhan Sabha: Old Law Department Building, Bhopal)

REFERENCE CARD

1. Name of claimant .................................................................
   son, daughter, wife of .............................................................
   (mention here name of other juristic person like company, society, firm)

2. Full address of claimants including ward No. ...........................................

3. From numbers filled in by claimant
   1. .................................................................
   2. .................................................................
   3. .................................................................
   4. .................................................................


5. Card & Code No. (if any) of I. C. M. R. ....................................................

6. Centre Camp ...........................................................................

7. Date ..................................................................................

8. Prepared By ........................................................................

Seal
Signature of official Directorate issuing card
(No. 21(10)/85-CH.I (Vol. II)
SHYAMAL GHOSHI, Jt. Secy.

GCPB -2337-RGB-3-2-94--200.