

BHOPAL GAS LEAK DISASTER

(REGISTRATION AND PROCESSING OF CLAIMS) SCHEME, 1985

THE 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 (Processing of Claims) Act, 1985 (21 of 1985), the Central Govt. hereby frame the following scheme, namely :-

Short title and Commencement.

(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.

2. In this Scheme, unless the context otherwise requires:-

* (a) "Act" means the Bhopal Gas Leak Disaster (Processing of Claims) Act, 1985 (21 of 1985); *(aa) "Bhopal Gas Victims Monthly 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, 1963, (53 of 1963);

(b) "Section" means a Section of the Act ;

(c) words and expressions used herein and not defined but defined in the Act, shall have the meanings respectively assigned to them in the Act.

Authorities for registration of claims.

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 categorisation of such claims under paragraphs 5 of the Scheme) arising 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 claims.

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 claims 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 authorised 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 claim.

*4 A. (1) Notwithstanding anything contained in paragraph 4, all applications received for **Claims whether before or after the commencement of 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. 373/691/I-Four/Coordination/85, dated 7th May, 1985, shall stand transferred 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 applications 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.

Classification and registration of claims. 5. (1) On receipt of a claim under paragraph 4 of the Scheme, the Deputy Commissioner shall subject to the provisions of sub-paragraph (3) and sub-paragraph (4), place the claim in the appropriate category under sub-paragraph (2) and thereafter register the claim.

(2) The claims received for registration shall be placed under the following Categories, namely ;

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

(3) on the consideration of a claim made under paragraph 4 of the Scheme, 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 also after taking in to 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 so 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 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 Commissioner and the claimant.

(8) on categorisation and registration of the claim of a claimant the Deputy Commissioner shall make available the information to the Commissioner who may transmit the same to the Central Government for enabling it to discharge its function under section 3 of the Act.

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.

Matters to be taken in to consideration for categorisation of claims.

7. (1) The Commissioner shall cause to be maintained a register for registration of claims in serial order according to the receipt of applications for claims and 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.

Maintenance of record.

8. The Commissioner shall have the power to regulate his own procedure, and the 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 or, as the case may be, their functions under this scheme, including the place or places where he shall hold his sittings.

Procedure.

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

Processing of Claims of Account Fund.

(2) The Fund shall include the amount which the Central Government may 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 such Fund.

Account Fund.

(3) The amount or as the case may be, the amounts in the said Fund shall be applied by the Commissioner for meeting expenses in connection with administration of this Scheme and of the provisions of the Act.

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

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.

(3) The amounts in the said Fund shall be applied by the Commissioner for the following purposes, namely :-

- (a) disbursement 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 disbursement of amounts in settlement of claims arising in future or for disbursement 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 disbursement of amounts in settlement of claims and for relief purposes.

11. (1) The disbursement 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 • Bhopal Gas Victims Monthly Unit Scheme 1992.

Disbursement appointment, etc. of certain amounts.

• Inserted by Notification No. G.S.R. 910 (E) dated 2nd Dec. 1992 Gazette of India extraordinary.

(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 projected 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 fit.

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

Audit of Accounts.

12. The Commissioner shall cause to be maintained all necessary books of accounts required for operating 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.

Function of the Commissioner & other officers etc. appointed under section 6 of the Act.

13. (1) The Commissioner shall be in charge of supervising the work relating to receipt 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 consider it necessary or expedient so to do, he may revise, for reasons to be recorded in writing, the order passed by the Deputy Commissioner;

*Substituted by the amendment Notification No. G. S. R. 394 (E) dated March 28, 1988.

*Amended and inserted by the Notification No. G.S.R. 449 (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.

(3) 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)

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

Form No. _____

(1) Name of Injured Person :

Surname | | | | | | | | | | | | | | | | | | | | | |

Name | | | | | | | | | | | | | | | | | | | | | |

Father's Name | | | | | | | | | | | | | | | | | | | | | |

(2) Address :

House No. | | | | | | | | | | | | | | | | | | | | | |

Mohalla/Street | | | | | | | | | | | | | | | | | | | | | |

Locality | | | | | | | | | | | | | | | | | | | | | |

Place | | | | | | | | | | | | | | | | | | | | | |

(3) Age (in Years)

CODE

(4) Employment History :

- 1. Skilled,
- 2. Un-skilled,
- 3. Semi-Skilled,
- 4. Self employed,
- 5. Un-employed.

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(5) Income per month (In Rupees)

--	--	--	--	--

(6) Identification :-

- (A) Ration Card No.
- (B) Any other Id, No.
- (C) Religion

(7) Injury :-

- (A) Eye *Yes/No
- (B) Respiratory (Chest) *Yes/No
- (C) Mental Illness *Yes/No
- (D) GIT *Yes/No
- (E) Gynaecological *Yes/No
- (F) Other than above *Yes/No

(8) Treatment :

CODE

- (A) Temporary and cured -- -- Yes/No
- (B) Still receiving treatment -- ... Yes/No
- (C) Hospitalised and cured. . -- .. Yes/No
- (D) Hospitalised but still being treated .. Yes/No

(9) Treatment being taken for Yes/No

--	--	--	--	--	--

(10) Place of treatment being taken --

(11) Disability-Code :

- 1. Temporary
- 2. Permanent

(12) Treatment after Gas-Tragedy :

- 1. Date _____
- 2. Place _____
- 3. Total days _____

(13) Hospitalisation :

- 1. Date _____
- 2. Place _____
- 3. Total days _____

(14) If pregnant at the time of Gas-leakage (Delivered Child)

- (A) Normal Child Yes/No
- (B) Abnormal Child Yes/No
- (C) Died Yes/No
- (D) Still-birth Yes/No
- (E) Aborted Yes/No

(15) Total expenditure incurred because of Gas-Tragedy

- for : _____
- (A) Treatment (In Rupees) _____
- (B) Displacement 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 particular of which are given below:—

Sl. No.	Form No.	Date	Compensation sought

*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:—

Sl. No.	Court where suit filed	suit No.	Compensation sought

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 claims in respect of loss of livestock due to Bhopal Gas Leak Disaster)

FORM No. 02

LIVE-STOCK

1. Name of owner: [grid]

2. Father's name: [grid]

3. Age (in years):

4. Profession: [grid]

5. Address: _____

House No. _____

Mohalla/Street _____

Locality _____

Place: _____

Code

6. Purpose for which Live-stock was used: [grid]
(Domestic/Business)

7. (A) Number and kind of animals dead: [grid]

Number
(B) Date of death: _____

(C) Proof of death: _____

Code

(i) Post Mortem
(ii) Evidence of removal of dead body [grid]

(D) Cause of death _____

8. Market value of live-stock dead: [grid]
(in Rupees)

9. No. and kind of Live-stock in capaci-
tated because of Gas-Leak Disaster
and market value there of:

Poultry

Ass

	Buff	Cow	Goat		Bull	Pig		Horse
Number								
Rupees								

10. No. and kind of Livestock with reduced
efficiency and market value thereof

Number								
Rupees								

11. Loss of Total Income
In Rupees

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12. (A) If Live-stock Insured:

Yes/No

Code

--

(B) Name of Insurance Company

(C) Type of Coverage

(D) Amount received from Company:

In Rupees

--	--	--	--

13. Any relief received from Government:

Yes/No

Code

--

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 informat' on

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

Sl. No.	Form No.	Date	Compensation sought

*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 :-

Sl. No.	Court where suit filed	Suit No.	Compensation sought

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.

- 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 :

Month	Purchase	Sale	Production	Average of Profit	Gross Income	Gross Expenses
December 83						
January 84						
February 84						
March 84						
April 84						
May 84						
June 84						
July 84						
August 84						
September 84						
October 84						
November 84						
December 84						
January 85						
February 85						
March 85						
April 85						
May 85						
June 85						
July 85						

9. Financial year of business

.....

10. Annual Gross Income and Gross Expenses :
Business

.....

Year	Gross Income	Gross Expenses
1982-83		
1983-84		
1984-85		

11. Where applicable, please list the number of orders in terms of units of merchandise and the value of orders for the following months :—

Period	Number of orders	Value of orders in Rupees
December 1983		
January 1984		
February 1984		
March 1984		
April 1984		
May 1984		
June 1984		
July 1984		
August 1984		
September 1984		
October 1984		
November 1984		
December 1984		
January 1985		
February 1985		
March 1985		
April 1985		
May 1985		
June 1985		
July 1985		

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

(A) December 1984			
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(B) January 1985			
------------------	--	--	--

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

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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:

Code	Type of Loss	Amount of Loss	Value

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 pay-
ment (In Rupees) [] [] [] [] [] []

15-A Total Compensation Claimed _____

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

(17) Any other relevant information.

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

Sl. No.	Form No.	Date	Compensation sought
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*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:—

Sl. No.	Court where suit filed	Suit No.	Compensation sought
1.			

Signature (with date)

Name:

Designation:

(Seal, if any)

Witness:

1. Signature:

2. Name:

3. Address:

*Strike out which ever 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 claims in respect of persons who died due to the Bhopal Gas Leak Disaster)

1. Name of Deceased :

Surname

[Grid for Surname]

Name :

[Grid for Name]

Fathers, /Husband's name

[Grid for Fathers, /Husband's name]

2. Address at the time of disaster :

House No.

[Grid for House No.]

Street/Mohalla

[Grid for Street/Mohalla]

Locality

[Grid for Locality]

Place :

[Grid for Place]

3. Age (in years)

4. Date of Death

5. Place of death

6. Proof of death :

(A) Death Certificate :

Yes/No.

Code

[Form for (A) Yes/No and Code]

(B) Autopsy Report

Yes/No.

[Form for (B) Yes/No and Code]

(C) Others

Yes/No.

[Form for (C) Yes/No and Code]

7. Cause of death

8. Employment History (Before Gas Tragedy)

Code

1. Skilled

2. Semi-skilled

3. Un-skilled

4. Self-employed

5. Non-working

[Form for Employment History]

9. Income per month

(In Rupees)

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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

S. No.	Name only	Age
1.	-----	-----
2.	-----	-----
3.	-----	-----
4.	-----	-----
5.	-----	-----
6.	-----	-----
7.	-----	-----

14. Address at present (of Spouse)

House No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street/Mohalla

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Locality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Whether Insured :

Yes/No.

	Code

(A) If yes, name of Insurance Company

(B) Type of Coverage

(C) Amount received from Company :

(In Rupees)

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16. Any relief received from Government :

Yes/No.

If any, amount received as ex-gratia payment :

(In Rupees)

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16-A. Total Compensation claimed :

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

(18) Any other relevant information.

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

Sl. No.	Form No.	Date	Compensation sought
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*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:

Sl. No.	Court where suit filed	Suit No.	Compensation sought
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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/
respondant:

Name:

Designation :

(Seal, if any) :

Witness :

Signature:

Name:

Address:

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

From No. 5

(See paragraph 5)

(For claims by Government, semi -Government organisation/authorities under the control of Government and other local authority account of expenditure incurred, loss , of revenue etc. due to Bhopal Gas Leak Disaster)

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 justice persons other than individuals, firm and companies)

1. (a) Name of the Organisation (including society, association or other juristic person, but excluding individuals, firms and companies).

(b) Central/State Government

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(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 :

1st December 1984

OFF			EMP			
-----	--	--	-----	--	--	--

1st January 1985

OFF			EMP			
-----	--	--	-----	--	--	--

(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 aforesaid closure of the organisation/Central/State Govt./Directorate/Office/Public Undertaking/Semi-Govt. Body

(in Rupess)

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

OFF			EMP		
-----	--	--	-----	--	--

(b) No. of days for which engaged.

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

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(d) If the officers, employees are still engaged in relief and rehabilitation work, give the number of officer/employees and then umber 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-contribution and other emoluments to be paid

(In Rupees)

--	--	--	--	--	--	--	--

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

(In Rupees)

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

(In Rupees)

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

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(b) If the Organisation/Central/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 in kind 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)

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

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

(No. of deceased persons)

(Amount paid in Rupees)

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--	--	--	--	--	--	--	--

(f) No. of affected families to whom payment at the rate of Rs. 1500 has been made

(No. of families)

(Amount paid in Rupees)

(g) Approximate number of deceased persons in respect of whom payment is yet to be made

No. of persons

Amount to be paid

(In Rupees)

(h) Approximate No. of affected families to whom payment of Rs. 1500 is yet to be made

No. of families

(i) Amount to be paid

(j) No. of persons to whom "ex-gratia" payment has been made for livestock

(k) Amount paid (In Rupees)

4. MEDICAL TREATMENT :

(a) The number of in-door/out-door "MIC" affected patients treated since January 1985 till 31-12-1985.

In-door patients

Out-door patients

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

In-door patients

Out-door patients

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

Dispensaries

Hospitals

Poly Clinics

Clinics

(d) Expenditure incurred on medicines/equipments (including expenditure 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)

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

(In Rupees)

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

Yes/No

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(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)

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5. (a) Did the Central/State Government or organisation 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)

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

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(e) Approximate expenditure till 31st Dec. 1985.

(In Rupees)

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

Yes/No

Economic Rehabilitation

Yes/No

Physical Rehabilitation

Yes/No

(b) Amount spent on such rehabilitation till 31st December 1985.

(In Rupees)

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Physical Rehabilitation

Economic Rehabilitation

Social Rehabilitation

(c) Amount to be spent on physical social/Economic re--habilitation till 31-3-1986.

(In Rupees)

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

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

(In Rupees) Sales Tax Entertainment tax Any other form of revenue or tax

(i)	December	1983							
	January	1984							
	February	1984							
	March	1984							
	April	1984							
	May	1984							
	June	1984							
(ii)	December	1984							
	January	1985							
	February	1985							
	March	1985							
	April	1985							
	May	1985							
	June	1985							

12. (a) Whether organisation, Central/ State Govt./ Directorate/ Office/ Public Undertaking /Semi-Govt. body suffer any other loss (Not specified herein before)?

Yes/No

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

(In Rupees)

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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)

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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)

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(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 :—

S. No.	Court, Authority Tribunal functionary before which claim filed and place.	No. and Years of legal proceeding.	Date of hearing.	At what stage pending
(1)	(2)	(3)	(4)	(5)

Total damages or compensation claimed in legal proceeding.	Whether any damages received specify the amount In Rupees	Compensation	Remarks
(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 organisation Semi-Govt. loans.

18. Signature of the Respondent

.....

19. Place and Date

.....

Place

.....

Date

.....

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

Signature

.....

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.

Place :

Signature
(with date)
Name :

Designation

(Seal if any)

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

Notes.-(i) Organisation/Central Government/State Government/Directorate/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 name 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. 5 should be signed by responsible officer who normally is authorised to sign or verify claims in court of Law on behalf of concerned Organisation/ Government/ Directorate Office/ Public Undertaking or Semi Government Body.

Bhopal Gas Tragedy
BHOPAL.

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

(19) Any other relevant information.

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

Sl. No.	Form No.	Date	Compensation Sought

I/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.

S. No.	Court where suit filed	Suit No.	Compensation sought

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 claimant including ward No.
.....
.....
3. Form numbers filled in by claimant
1.
2.
3.
4. -
4. Card & Code no. (if any) of socioeconomic survey
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 GHOSH, Jt. Secy.