

**FORM-I**

**APPLICATION FOR THE AWARD OF COMPENSATION UNDER COMPENSATION SCHEME FOR WOMEN VICTIMS/SURVIVORS OF SEXUAL ASSAULT/OTHER CRIMES, 2018 FOR INTERIM/FINAL RELIEF FOR WOMEN**

(NALSA's "Compensation Scheme for Women Victims/Survivors of Sexual Assault/other Crimes, 2018")

1.	<b>Name of the Applicant Victim(s) or her Dependent(s)</b>	
2.	<b>Age of the Victim(s) or her Dependent(s)</b>	
3.	(a)Father's Name  (b)Mother's Name  (c)Spouse's Name	
4.	<b>Address of the Victim(s) or her/their Dependent(s)</b>	
5.	<b>Date and time of the incident</b>	
6.	<b>Whether FIR has been lodged?</b>	
7.	<b>Whether medical examination has been done? If yes, enclose Medical Report/Death Certificate/PM Report.</b>	
8.	<b>Status of trial, if pending. If over, enclose copy of judgment and order on sentence.</b>	
9.	<b>Has the applicant been awarded any compensation by the trial court or any other Govt. agency? If yes, give details.</b>	
10.	<b>Give details of financial expenditure/loss incurred.</b>	
11.	<b>Have you instituted any civil suit/claim against the perpetrator of offence? If yes, give details.</b>	

Signature of the Victim/Dependent  
Full Name:  
Contact Number: