

H.P.P.S.C. FORM 31

(TO BE FILLED BY THE ADMINISTRATIVE DEPARTMENT WHILE SENDING THE PROPOSAL SEEKING APPROVAL OF THE HIMACHAL PRADESH PUBLIC SERVICE COMMISSION TO AWARD AN INJURY PENSION)

Sr. No.	Particulars	
1	Name of the government servant to whom injury or death this claim relates	
2	Father's name and permanent address	
3	Date of birth of government servant	
4	(a) Post held at the time of injury / death and its pay-scale (b) Date of appointment under the Government of Himachal Pradesh	
5	Date of first appointment under the government of Himachal Pradesh including name of post and pay scale	
6	Status	
7	Was he / she serving the Government in an honorary capacity?	
8	If answer to Column 7 is negative, give details of emoluments at the time of Injury / death (Pay, Special pay, Dearness pay, Allowances etc. may be shown separately).	
9	Date of injury / death	
10	Was he / she on authorized / sanctioned leave when the accident took place? If so, state the kind and period of leave	
11	Did the accident take place while the injured / deceased person was on duty? If so, state the duty he/she was performing	
12	Classification of injury (Class-A, Class-B or Class-C)	
13	Copy of inquiry report, if any, be enclosed	

14	<p>Particulars of the claimant(s)</p> <p>(a) Name(s)</p> <p>(b) Parentage</p> <p>(c) Permanent Address</p> <p>(d) Age and marital status of each</p> <p>(e) Relationship with the Government servant</p> <p>(f) In case the Government servant has died as a result of injury :</p> <p>(i) If the claimant(s) is / are the brother(s) and / or sister(s) of the deceased, state why the claim of his / her widow / widower / children and parents is being overlooked</p> <p>(ii) If the claimant(s) is / are the father and / or the mother of the Government servant, state why the claim of his / her widow / widower / children and brother(s) and / or sister(s) is being overlooked</p>	
15	Source of income of the claimant(s) and annual income therefrom	
16	<p>(a) Amount of gratuity proposed</p> <p>(b) Amount of pension proposed</p> <p>(c) Date from which pension is proposed to be awarded</p> <p>(d) If award of temporary pension is proposed, the date from which it is proposed to be given may be mentioned</p> <p>(e) If this is a case of conversion of temporary pension into permanent pension state the reason for the proposal.</p>	
17	Was the degree of default, if any, as contributory negligence on the part of the Government servant, who sustained injury or was killed, taken into consideration in proposing the award? If so, details of such negligence and consideration may	

	be given.	
18	Has / have the claimant(s) been paid compensation under the Workmen's Compensation Act? If yes, detail thereof.	
19	<p>Have the following papers been attached with this from?</p> <p>(a) A full statement of the circumstances in which the injury was received, disease was contracted, or the death occurred</p> <p>(b) The application of the claimant(s) in Form A or Form B or other corresponding form prescribed under the C.C.S. (EOP) Rules</p> <p>(c) Medical Report in Form C or other corresponding form proscribed under the above referred Rules</p> <p>(d) A report of the audit office</p> <p>(e) A detailed note on the proposal in case of ex-gratia grant, not covered under the Rules</p>	
20	Date of receipt of the claim in the Department or office	
21	Other remarks, if any	
22	Name, address and telephone number of the officer of the Administrative Department to be contacted for discussion / clarification or for further information, if required.	

Date: _____
Place: _____

Signature _____
Name & Designation of the officer _____
(Not lower than the rank of Under Secretary to the
Government of Himachal Pradesh)