

## THE EMPLOYEE'S COMPENSATION (VENUE OF PROCEEDINGS) RULES, 1996<sup>1</sup>

**1. Short title.**—(1) These rules may be called the <sup>2</sup>[Employee's] Compensation (Venue of Proceedings) Rules, 1996.

(2) These rules shall come into force from the 1st day of October, 1996.

**2. Definitions.**—In these rules,

(a) "Act" means the <sup>2</sup>[Employee's] Compensation Act, 1923;

(b) "Form" means a Form appended to these rules;

(c) "Commissioner" means a Commissioner appointed under section 20.

**3. Processing of an application.**—(1) An application under section 19 or section 22 shall be processed before or by a Commissioner for the area in which—

(a) the accident took place which resulted in the injury; or

(b) the <sup>3</sup>[employees] or in case of his death the dependants claiming the compensation ordinarily reside; or

(c) the employer has his registered office:

Provided that no matter shall be processed before or by a Commissioner other than the Commissioner having the jurisdiction over the area in which the accident took place without his giving notice in Form A to the Commissioner having jurisdiction over the area and the State Government concerned.

(2) The Commissioner under section 21(1)(b) or (c) may initiate proceedings afresh or he may continue the previous proceedings initiated under section 21(1)(a) as if the same or any of its part had been taken before him if he is satisfied that the interest of the parties shall not thereby be prejudiced.

**4. Transfer of records or money.**—(1) If any matter under the Act is required to be processed before or by a Commissioner other than the Commissioner having jurisdiction over the area in which the accident took place the former may for the proper disposal of the matter call for in Form B a detailed report including transfer of any records or money remaining with the latter and on receipt of such a request he shall comply with the same:

Provided that if any further enquiry is necessary in the area in which the accident took place for framing of issues or for determining the amount of compensation, the Commissioner, before whom the application has been filed, may require the Commissioner of the area in which the Accident took place to conduct such enquiries and to serve such notices or orders as may be necessary for the purpose of such enquiries.

(2) Money deposited with one Commissioner under section 8 shall be transmitted to another Commissioner either by remittance transfer receipt or by money order or by bank cheque.

1. Vide G.S.R. 451(E), dated 25th September, 1996, published in the Gazette of India, Extra. Pt. II, Sec. 3 (i), dated 1st October, 1996.

2. Subs. by G.S.R. 1467(E), dated 28th November, 2017, for "Workmen's" (w.e.f. 28-11-2017).

3. Subs. by G.S.R. 1467(E), dated 28th November, 2017, for "workmen" (w.e.f. 28-11-2017).

**FORM A**

(See rule 3)

Whereas a claim for compensation has been made by..... (applicant) against..... and the said applicant has claimed that he is entitled to file an application under clause (b) or (c) of section 21(1) of the <sup>1</sup>[Employee's] Compensation Act, 1923;

And whereas the undersigned is satisfied that the said applicant is entitled to file the aforesaid claim;

Now, therefore, the Commissioner for <sup>1</sup>[Employee's] Compensation..... /Government of..... is hereby given notice that the undersigned proposes to settle the claim of the applicant as provided under the Act.

Date.....

.....  
Commissioner.**FORM B**

(See rule 4)

To,

.....  
.....

Sir,

The report about an accident which occurred on.....at.....(here enter details of premises) and which resulted in death/disablement of the <sup>2</sup>[employee] is furnished as given below:

1. (a) Name of the <sup>2</sup>[employee].  
(b) Sex, age and monthly wage.  
(c) Nature of employment.  
(d) Name of the employer.  
(e) Full postal address of the <sup>2</sup>[employee]/dependants (local and permanent both.)  
(f) Full postal address of the factory/establishment where its registered office is located.
2. The circumstances leading to death/disablement of the <sup>2</sup>[employee]—  
(a) Time of the accident.  
(b) Place where the accident occurred.  
(c) Manner in which deceased was/were employed at that time.  
(d) Cause of the accident.
3. The amount of money deposited by the employer with the Commissioner under section 8.
4. (a) Details of compensation paid, if any.  
(b) Particulars of money invested for the benefit of dependants of deceased <sup>2</sup>[employee].
5. Documents forwarded (in original) as under:  
(a) Death certificate.  
(b) Disablement certificate from the competent medical authority.  
(c) Receipt for Deposit of Compensation by the employer.  
(d) Statement of Disbursement.  
(e) Receipt of compensation from the <sup>2</sup>[employee]/dependants.  
(f) Memorandum of Agreement, if any.

Date.....

.....  
Commissioner.

...

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