O.C.S. (PENSION)FORM-Y

[Please See Rule 113]

REPORT ON ACCIDENTIAL AND SELF-INFLICTED INJURIES

1.	Declaration by	the injured person I,		hereby declare that the		
				did/did not occur		
	while I was in t	he performance of Govern	ment duty.			
	(Medical Office declaration is r	er before whom the made)	(5	Signature of the Injured Person)		
S	tation	date	Station	date		
2.	Nature, locatio	on and severity of injury :-				
	Note- Hospital	to be notified at once if wo	ould is believed to be sel	f-inflicted		
	(Medical Office	er)				
3.	detailed accou	nt of the circumstances of	f the accident must be	tatements of witness giving a, attached to this Form. Place or otorcar or cycle accidents)		
4.	Opinion of the	Commandant/Head of Offi	ice.			
	do which v		e triable under the discip	cial task or as task the failure to plinary code applicable to him ? when), or		
	organised duty? Cite journey or	arrangements from the ind and attach copies of sta	ividual's quarters to or b anding instructions or c organised, also a sketch	by a reasonable route under back from an appointed place of other orders in support, if the showing the reasonable route		
	/:::\ \A/== /	alaa taabuuti alaa aasatataast		ind an acceptant by another		
	authorities of games a	? Indicate the nature of th	ne recreation e.g. P.T. Excite and attach copy of (nised or permitted by service sercise including games. In case Official orders to indicate that it		
	Or					
	(iv) Was the individual travelling either in a body or singly under organised arrangements (Cite and attach copy of Official order to indicate that the arrangements were organised by competent authority).					
			Or			
	station? In		ney at public expense or	turning to duty from his leave was performed on concession)		
	(1) the	date of commencement ar	nd termination of the pe	riod of leave ;		
	(2) the	name of the leave station ;	and			

Contd.....

		the place of duty to or from the leave station.
	(b) Was the accident due wholly/pa	rtially to :
	(i) serious negligence	and/or
	misconduct and the ground (c) Was any one else to balance for	al? (Indicate the nature of the serious negliger s on which the opinion is based). or the accident? (If so, indicate how and to wh
	extent). (d) Was the individual under the infl time?	uence of intoxicating drink or drug at the mater
		eld or will be held? If so, indicate the date and t the Enquiry Report (in original). **
	Station	
	Station Date	Officer Commandir Head of Office.
5.	The injury/disability/death occurred in place/ Government service.	field/operational area and not attributable
		*** Head of State/Frontier D.G.
Station	\$ -	Head of Office
Date:-		Head of Department.
	FOR USE ON FIELD SERVI	CE ONLY (Items 6-8)
(to b	FOR USE ON FIELD SERVI	
	FOR USE ON FIELD SERVI De completed in all field service cases where injur Opinion of the Unit Commander-	
(a)	oe completed in all field service cases where injure Opinion of the Unit Commander-	ries are, or are suspected to be self-inflicted)
(a) (b)	pe completed in all field service cases where injur	ries are, or are suspected to be self-inflicted)
(a) (b)	oe completed in all field service cases where injure Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga	ries are, or are suspected to be self-inflicted)
(a) (b)	oe completed in all field service cases where injure Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga	ries are, or are suspected to be self-inflicted)
(a) (b)	De completed in all field service cases where injured opinion of the Unit Commander- Disciplinary action taken, or proposed, whether again (Commandant of Unit).	ries are, or are suspected to be self-inflicted)
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State	ries are, or are suspected to be self-inflicted)
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No	ries are, or are suspected to be self-inflicted) sinst injured individual or another
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G.,	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G., The casuality should be reported as	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G.,	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G., The casuality should be reported as	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G., The casuality should be reported as Dated	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G., The casuality should be reported as Dated	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State
(a) (b) To 7.	Opinion of the Unit Commander- Disciplinary action taken, or proposed, whether aga (Commandant of Unit). The Deputy I.G., State Forwarded with reference to my casuality signal No Date:- The I.G., Frontier, DECISION of I.G., The casuality should be reported as Dated	ries are, or are suspected to be self-inflicted) inst injured individual or another Dated Commanding D.I.G., State

^{***} To be completed and signed by O.C. unit if injury is not serve and no court of inquiry is held.