

**Data as to Rehabilitation under
Victim Compensation Scheme
Period = 3rd Quarter (1-7-2020 to 30-9-2020)
(District including Sub Division)**

Format A

Sl No.	Name of Court with Full Designation	Name and address of the victims with details of Case No. GR Case No./ST Case No./PS Case No./Comp Case No. (N.B: Name/Identity of Rape Victim and Victim under POCSO Act and Juvenile not to be revealed)	Whether Chargesheet/ Final Form submitted (please specify the sections, date of filing of chargesheet and date of taking cognizance).	Whether Compensation Quantified		Compensation paid		Whether compensation paid by accused/ appellant/ convict or State of Jharkhand	Whether interim or Final compensation paid in terms of the order of the Hon'ble High Court or other Court's order (Please specify the case no. as well as the amount quantified or paid.	Compensation amount quantified but yet to be paid	In brief, please specify the Rehabilitation Measure taken/ordered under ten schemes of NALSA (specify name of the scheme under which benefit extended/number of beneficiaries scheme wise)	Whether demand for fund made through DC, Please specify the letter No.
				Specify Interim Compensation quantified, with date	Specify Final Compensation quantified, With date	Specify Interim Compensation paid, with date	Specify Final Compensation paid, with date					
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Submitted

O.C.

Sd/-

(Secretary, DLSA)

**Data as to Rehabilitation under
Victim Compensation under Jharkhand Victim Welfare Fund Rules 2014**

Period = 3rd Quarter (1-7-2020 to 30-9-2020)

Format B

SI No.	Name of Court with Full Designation	Date of Conviction	Whether payment made to victim under Victim Welfare Fund Rules 2014 or not	Details of victim wise payment	Whether payment was made to victim under the order of Hon'ble High Court/Trial Court/Appellate Court/ or payment was made when case was pending before the High Court (Please specify the Case No, Name of the Court, Date of order for payment of compensation)
NIL	NIL	NIL	NIL	NIL	NIL

Submitted

O.C.

Sd/-

(Secretary, DLSA)

Data as to Rehabilitation under

**Rehabilitation of Victim under SC/ST (Prevention of Atrocities) Act 1989
Period = 3rd Quarter (1-7-2020 to 30-9-2020)**

Format C

Sl No.	Name of Court with Full Designation	Name and address of the victims with details of Case No. GR Case No./ST Case No./PS Case No./Comp Case No. (N.B: Name/Identity of Rape Victim and Victim under POCSO Act and Juvenile not to be revealed)	Whether Chargesheet/ Final Form submitted (please specify the sections)	Whether Compensation Quantified		Compensation paid		Whether compensation paid by accused/appellant/ convict or State of Jharkhand	Whether interim or Final compensation paid in terms of the order of the Hon'ble High Court or other Court's order (Please specify the case no. as well as the amount quantified or paid.	Compensation amount quantified but yet to be paid	In brief, please specify the Rehabilitation Measure taken/ordered	Whether Sec 15A of the Act complied. Please specify the victim/witness protection measure
				Specify Interim Compensation quantified	Specify Final Compensation quantified	Specify Interim Compensation paid	Specify Final Compensation paid					
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Submitted

O.C.

Sd/-

(Secretary, DLSA)

Data as to Rehabilitation under

**Rehabilitation of Victim under Central scheme for assistance to Civilians Victim/Family of Victims of terrorist/communal and naxal violence
Period = 3rd Quarter (1-7-2020 to 30-9-2020)**

Format D

Sl No.	Name of Court with Full Designation	Name and address of the victims with details of Case No. GR Case No./ST Case No./PS Case No./Comp Case No. (N.B: Name/Identity of Rape Victim and Victim under POCSO Act and Juvenile not to be revealed)	Whether Chargesheet/ Final Form submitted (please specify the sections)	Details of Rehabilitation Measure		Details of Compensation	
				Compensation Amount paid	Govt Job Provided	Compensation amount yet to be paid	Job yet to be provided
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Submitted

O.C.

Sd/-

(Secretary, DLSA)