

**OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY
WEST SINGHBHUM AT CHAIBASA**

Data as to Rehabilitation under Jharkhand Victim Compensation (Amendment) Scheme, 2016
Period= 4th Quarter (01-10-2018 to 31-12-2018)
(District including Sub- Division)

FORMAT- A

| Sl. No. | Name of Court with Full designation | Name & address of the victim with details of the case no./ GR case No/ ST case No./ P.S. case No./ Comp. Case No. (N.B. name/identity of Rape Victim & victim under POCSO Act & Juvenile not to be revealed) | Whether Charge Sheet/ Final form submitted (Please specify the sections, date of filing of Charge Sheet & date of taking cognizance) | Whether Compensation Quantified | | Compensation Paid | | Whether compensation paid by accused/ appealant/ convict or state of Jharkhand | Whether interim or final Compensation paid in terms of the Hon'ble High Court's order or other court's order (Please specify the case no. & 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 D.C. 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 | | | | | |
| | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

*** No Matter**

Secretary
DLSA, Chaibasa

**OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY
WEST SINGHBHUM AT CHAIBASA**

Victim Compensation under Jharkhand Victim Welfare Fund Rules, 2014

Period= 4th Quarter (01-10-2018 to 31-12-2018)

FORMAT- B

| Sl. 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) |
|---------|-------------------------------------|--------------------|----------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ---- | ---- | ---- | ---- | ---- |

*** No Matter.**

Secretary
DLSA, Chaibasa

**OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY
WEST SINGHBHUM AT CHAIBASA**

Rehabilitation of Victim under SC/ST (Prevention of Atrocities) Act 1989
Period= 4th Quarter (01-10-2018 to 31-12-2018)

FORMAT- C

| Name of Court with Full designation | Name & address of the victim with details of the case no./ GR case No/ ST case No./ P.S. case No./ Comp. Case No. (N.B. name/identity of Rape Victim & victim under POCSO Act & Juvenile not to be revealed) | Whether Charge Sheet/ Final form submitted (Please specify the sections, date of filing of Charge Sheet & adte of taking cognizance) | Whether Compensation Quantified | | Compensation Paid | | Whether compensation paid by accused/ appealant/ convict or state of Jharkhand | Whether interim or final Compensation paid in terms of the Hon'ble High Court's order or other court's order (Please specify the case no. & the amount quantified or paid) | Compensation amount quantified but yet to be paid | In brief, please specify the Rehabilitation measure taken/ ordered | Whether Section 15 of thje Act complied? Please specify the victim/ witness protection measure. |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | | | Specify Interim Compensation quantified with date | Specify Final Compensation quantified with date | Specify Interim Compensation Paid with date | Specify Final Compensation Paid with date | | | | | |
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |

*** No Matter.**

Secretary
DLSA, Chaibasa

**OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY
WEST SINGHBHUM AT CHAIBASA**

Rehabilitation of Victim under Central Scheme for assistance to Civilian victims/ Family of victims of terrorist, Communal & Naxal Violence
Period= 4th Quarter (01-10-2018 to 31-12-2018)

FORMAT- D

| Sl. No. | Name of Court with Full designation | Name & address of the victim with details of the case no./ GR case No/ ST case No./ P.S. case No./ Comp. Case No. (N.B. name/identity of Rape Victim & victim under POCSO Act & Juvenile not to be revealed) | Whether Charge Sheet/ 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 |
| | ---- | ----- | ----- | ---- | ---- | ---- | ---- |

***No Matter.**

Secretary
DLSA, Chaibasa