Data as to Rehabilitation under Victim Compensation Scheme Period - 1<sup>st</sup> Quarter (01-01-2021 to 31-03-2021) (District including Sub Division)

#### Format-A

Sl. No.	Name of Court with full Designation	Name and address of victim with details of Case no. GR case No./ST case no./Comp. case no.(N.B:	Whether charge sheet/Final Form submitted (please specify the section Date of	Whether Compensation Qualified		Compensation paid		Compensation final Compensation	Whether interim or final Compensation paid in term of the	Compensat ion Amount qualified	In brief, please specify the Rehabilitation Measure	Whether Demand for fund made
		Name/Identity of Rape Victim and Victim Under POCSO Act and Juvenile not to be revealed	filling of charge sheet and date of taking cognizance)	Specify Interim Compensatio n qualified, with date	Specify Final Compensation qualified ,with date	Specify Interim Compensation Paid, with date	Specify Final Compensation Paid, with date	accused/appell ant/convicted or State of Jharkhand	order of the Hon'ble High Court or other Court's under (please Specify the case no. as well as the amount qualified or paid	but yet to be Paid		through DC, Please specify the letter No.
1.						NIL						

Submitted

Sd/-DLSA,Clerk 01-04-2021

Data as to Rehabilitation under Victim Compensation Under Jharkhand Welfare Fund Rules 2014 Period - 1<sup>st</sup> Quarter (01-01-2021 to 31-03-2021)

### 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	Payment	Whether payment was made to Victim under the order of Hon'ble High court/Trail 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)

Submitted

Sd/-DLSA,Clerk 01-04-2021

Data as to Rehabilitation under

Rehabilitation of Victim Under SC/ST (Prevention of Atrocities) Act 1989

# Period - 1<sup>st</sup> Quarter (01-01-2021 to 31-03-2021)

### Format-C

SI. No.	Name of	Name and address of	Whether charge	Whe <sup>-</sup> Comper	nsation	Compensation paid		Whether Compensatio	Whether interim or	Compensation Amount	In brief, please specify the	Whether Sec 15A of the Act
	Court	victim with details of Case	sheet/Final	Quali	fied			n paid by	final	qualified but	Rehabilitation	complied please
	with full	no. GR case	Form submitted	Specify	Specify	Specify	Specify Final	accused/app ellant/convic	Compensation paid in term	yet to be Paid	Measure taken/ordered	specify the victim/witness
	Design	No./ST case	(please	Interim	Final	Interim	Compensati	ted or State	of the order of		tukeny ordered	protection
	ation	no./Comp. case	specify the	Compensa tion	Compens ation	Compens ation	on Paid	of Jharkhand	the Hon'ble			measure
		no.(N.B: Name/Identity	section	qualified	qualified	Paid			High Court or other Court's			
		of Rape Victim							under (please			
		and Victim							Specify the			
		Under POCSO Act and							case no. as well as the			
		Juvenile npot							amount			
		to be reveled							qualified or			
									paid			
	-	-	-	-	-	-	-	-	-	-	-	-

### Submitted

Sd/-DLSA,Clerk 01-04-2021

Data as to Rehabilitation under

Rehabilitation of Victim Compensation Under Central scheme for assistance to Civilians Victim/Family of victim of terrorist /communal and naxal violence Period - 1<sup>st</sup> Quarter (01-01-2021 to 31-03-2021)

### Format-D

		Case no. GR case No./ST case no./Comp. case no.(N.B: Name/Identity of Rape Victim and Victim Under POCSO Act and Juvenile not to be revealed	submitted (please specify the section	Compensation Amount Paid	Govt. Job Provided	Compensation Amount yet to be Paid	Job yet to be Provided 
Sl.No.	Name of Court with full Designation	Name and address of victim with details of	Whether charge sheet/Final Form	Details of Rehabilitation Measure		Details of Com	pensation

Submitted

Sd/-DLSA,Clerk 01-04-2021

Letter no - 444

#### From:

P.D.J-cum- Chairman D.L.S.A., Latehar

#### To,

The Member Secretary, JHALSA, Ranchi.

Sub:- Regarding quarterly report on victim compensation in Format A to D.

Ref :- Your goodself letter no. JHALSA/549 dt. 19-03-2021

Latehar: Dated : 01<sup>st</sup> Day of April, 2021.

## Sir,

As directed, I am sending herewith desired information regarding quarterly report on victim compensation in Format A to D for the period from 01-01-2021 to 31-03-2021 (1<sup>st</sup> Quarter).

This is for your information & needful.

Encl- As above (04 Sheets)

Yours faithfully,

Sd/-I/c P.D.J-cum- Chairman D.L.S.A., Latehar