Letter No. 990 /2021.

From:	
	Principal District & Sessions Judge,
	Cum-Chairman, I/c
	District Legal Services Authority,
	Simdega.
То,	
	The Member Secretary,
1	Jharkhand State Legal Services Authority,
	Ranchi
Sub:	Compliance of Order dated 14.03.2018 of the Hon'ble Court passed in A.B.A. No. 860/2017.
Ref.:	Your good-self office Letter No.971, dated 14.06.21
	Simdega, Dated the 05 th day of July, 2021.
Sir,	
	In response to the above noted subject under reference, I am forwarding herewith the 2 nd quarterly (i.e. from 01.04.2021
to 30.06.202	21) report on victim compensation in prescribed A to D format in separate sheets.

This is for your good-self kind information and needful.

Yours faithfully,

Sd/-Principal District & Sessions Judge, Cum-Chairman,I/c District Legal Services Authority Simdega.

Encl: As above (04 sheets).

Data as to Rehabilitation under

Victim Compensation Scheme

Period = 2^{nd} Quarter (01.04.2021 to 30.06.2021)

(District including Sub Division)

Format-A

SI	Name of	Name and address of	Whether	Whether Compe	nsation Quantified	Compens	sation paid	Whether	Whether interim or	Compensatio	In brief, please specify	Whether
No.	Court with	the victims with	Charge					compensatio	Final Compensation	n amount	the Rehabilitation	demand
	Full	details of Case No.	sheet/Final	Specify interim	Specify Final	Specify	Specify Final	n paid by	paid in terms of the	quantified	Measure	for fund
	Designation	G.R. Case No./ST	Form submitted	compensation	Compensation	Interim	Compensation	accused/app	order of the	but yet to be	taken/ordered	made
		Case No./PS Case	(Please specify	quantified,	quantified, with	Compensatio	paid, with	ellant/convic	Hon'ble High Courts	paid	(09schemes of NALSA	through
		No./Comp. Case No.	the sections,	with date	date	n Paid, with	date	t or State of	or other Court's		specify name of the	DC,
		(N.B. Name /identify	date of filing of			date		Jharkhand	order)Please		scheme under which	please
		of Rape Victim and	charge-sheet						specify the case no.		benefit	specify
		Victim under POCSO	and date of						as well as the		extended/number of	the
		Act and Juvenile not	taking						amount quantified		beneficiaries scheme	letter
		to be revealed.	cognizance)						or paid.		wise)	no.

Sd/-Secretary,

Office Clerk

DLSA Simdega

DLSA Simdega

Data as to Rehabilitation under Victim compensation under Jharkhand Victim Welfare Fund Rules 2014 **Period = 2nd Quarter (01.04.2021 to 30.06.2021)**

Format-B

SI. No.	Name of the court with	Date of Conviction	Whether payment made	Details of victim wise	Whether payment
	Full Designation		to victim under Victim	payment.	was made to victim
			Welfare Fund Rules 2014		under the order of
			or not.		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

Sd/-

Office Clerk DLSA Simdega Secretary, DLSA Simdega

Data as to Rehabilitation under Rehabilitation of victim under SC/ST (Prevention of Atrocities) Act 1989 Period = 2^{nd} Quarter (01.04.2021 to 30.06.2021) Format-C

						Format-	L					
SI	Name of	Name and	Whether	Whether Co	mpensation	Compensa	tion paid	Whether	Whether	Compensatio	In brief,	Whether
No.	Court	address of	Charge	Quantified				compensati	interim or	n amount	please	Section
	with Full	the victims	sheet/Final	Specify	Specify Final	Specify	Specify	on paid by	Final	quantified	specify	15A of
	Designat	with details	Form	interim	Compensati	Interim	Final	accused/ap	Compensat	but yet to be	the	the Act
	ion	of Case No.	submitted	compensat	on	Compens	Compensa	pellant/conv	ion paid in	paid	Rehabilita	complied
		G.R. Case	(Please	ion	quantified.	ation	tion paid.	ict or State	terms of		tion	, please
		No./ST Case	specify the	quantified.		Paid.		of	the order		Measure	specify
		No./PS Case	sections)					Jharkhand	of the		taken/ord	the
		No./Comp.							Hon'ble		ered	victim/wi
		Case No.							High Courts			tness
		(N.B. Name							or other			protectio
		/identify of							Court's			n
		Rape Victim							order			measure
		and Victim							(Please			
		under POCSO							specify the			
		Act and							case no. as			
		Juvenile not							well as the			
		to be							amount			
		revealed.							quantified			
									or paid.			
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Sd/-

Office Clerk **DLSA Simdega**

Secretary, **DLSA Simdega**

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 = 2nd** Quarter (01.04.2021 to 30.06.2021)

Format-D

F		1	Format-			1	
SI. NO.	Name of court with Full Designation	Name and address of the victims with details of case No. G.R. Case No./ST Case No./P.S. Case No./Comp. Case No. (B.B. Name/identify of Rape Victim and Victim under POCSO Act and 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
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Sd/-

Secretary, DLSA Simdega

Office Clerk DLSA Simdega