

FORM XIX

(See Rule 25)

Memorandum of Agreement

It is hereby submitted that on the..... day of..... 20..... personal injury was caused to residing at.....by accident arising out of and in the course of his employment in..... The said injury has resulted in temporary disablement to the said workman, who is at present in receipt of wages amounting to Rs..... per month/ no wages. The said employee's monthly wages prior to the accident are, estimated at Rs..... The employee is subject to a legal disability by reason of.....

It is further submitted that..... the employer of the employees, has agreed to pay, and..... on behalf of the said employees has agreed to accept half-monthly payments at the rate of Rs..... for the period of the said temporary... .. disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with the provisions of the Social Security Code, 2020 on account of an alternation in the earnings of the said workman during disablement. It is further stipulated that all rights of communication under section 97 of the said Code are unaffected by this agreement. It is therefore requested that this memorandum be duly recorded.

Dated 20.....

Signature of employer.....

Seal.....

Witness.....

Signature of employees.....

Witness.....

(**Note:--**An application for registration of an agreement can be presented under the signature of one party, provided that the other party has agreed to the terms. But both signature should be appended, whenever possible)

(Receipt to be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received that sum of Rs.....

Employees

Seal

Dated 20.....

This money has been paid and this receipt signed in my presence.

..... Witness

Note.—This form may be varied to suit special cases, e.g., injury by occupational disease etc.