

**HARYANA STATE AGRICULTURAL
MARKETING BOARD,
Complex No. 6, Sector-6, Panchkula**

Subject :- Mukhya Mantri Kishan Evam Khetihar Mazdoor Jiwan Suraksha Yojna, 2013

1. This Scheme shall be called the "Mukhya Mantri Kishan Evam Khetihar Mazdoor Jiwan Suraksha Yojna, 2013". It shall come into force w.e.f. January 1st, 2014. The accidents taken place on or after the said date shall be dealt with under this scheme. This scheme is being launched in the public interest under clause (xvii) of Section 28 of the Haryana Agricultural Produce Markets Act, 1961 (Act 23 of 1961).

2. Scope of the Scheme

This Scheme is to provide special assistance to the victims of accidents occurred during agricultural operations in the fields, villages, market yards and while going or coming from such places within the State of Haryana. It shall be applicable to farmers, agricultural labourers and market yards labourers carrying on the agricultural operations/pursuits including cattle and poultry farming or dairy farming.

3. This Scheme shall cover the following incidents :

- a) Death or disablement of any farmers or labourer due to an accident occurred while working on the Agricultural Machinery. Implements, Tools, Equipments, Appliances arising out of the above said implements in the State of Haryana;
- b) Death or disablement of any farmer or labourer due to an accident occurred while digging well, installing Tubewell or operating Cane Crusher, Kohloo, Chaf Cutter, Thresher etc;

- c) Death or disablement of any farmer or labourer due to poisonous gas while digging or operating well, installing or operating tubewell;
- d) Cases upto 31st December, 2013 shall be governed by the old scheme;
- e) Death or disablement of any farmer or labourer due to electric current while carrying on any such agricultural operation;
- f) Death or disablement of any farmer or labourer to an accident with any animal, animal cart, truck or any other vehicle while carrying any agricultural produce within the State of Haryana;
- g) Death or disablement of any farmer or labourer while applying any insecticides, pesticides, weedicides, electric shock, fire hazards during the agricultural operations/pursuits within the State of Haryana;
- h) Death or disablement of any farmer or labourer due to an accident while landing, sifting or weighing agricultural produce in Market Yards;
- i) Death due to snake bite or other poisonous creatures during agricultural operations.

4. Age Group :

The age group of the victim should not be less than 10 years and more than 65 years.

5. Disposal of old cases :

Cases pending upto 31st December, 2013 shall be governed by the old scheme i.e. to provide Special Assistance to the Victims of Accidents during the Agricultural Operations/Pursuits by the Market Committees.

6. Quantum of Assistance :

The claimants covered under the scope of this scheme shall be paid financial assistance as under :

Sr. No.	Effect of Accident	Special Assistance (in Rupees)
1.	Death	₹ 5,00,000/-
2.	Permanent disability due to breakage of back bone or otherwise.	₹ 2,50,000/-
3.	Amputation of two limbs/permanent serious injury.	₹ 1,87,500/-
4.	Permanent serious injury/amputation of one limb (amputation of four fingers shall be deemed as loss of one limb)	₹ 1,25,000/-
5.	Amputation of full finger	₹ 75,000/-
6.	Partial Amputation of finger	₹ 37,500/-

7. Control of the Scheme :

This scheme shall be executed by the Market Committee under the overall control and supervision of the Haryana State Agricultural Marketing Board. The compensation for the claim shall be paid out of Market Committee Funds by the Market Committee in whose notified area the accident has occurred.

8. Procedure :

- a) The proforma required for making an application is given in Annexure to the scheme. This proforma has to be filled up on behalf of the applicant and has to be signed or thumb impression marked by him/her. In case of man, if left thumb has been cut off, then the right thumb impression can be put. In case of woman, if right

thumb has been cut off then the left thumb impression be put. In case both the hands are chopped off, then the mark of front portion of the severed portion should be put on it. If both the thumbs are cut-off, then the finger prints of the existing hand be put. The application should also bear the signatures of the nearest kin/heir of the applicant.

- b) In the event of death of the victim, the application must be signed by the next of the kin besides the legal representative of the deceased. The claim petition must be attested by the Sarpanch or two Members of the Panchayat. In case of Municipal Committees/Municipal Corporation, the verification shall be obtained through the Municipal Commissioner. In the absence of Gram Panchayat, Numberdar of the village concerned and in the absence of the Municipal Committee, the Administrator of the Municipality may attest the claim petition. Thereafter, its attestation shall be obtained from the Sub-Divisional Magistrate concerned. In the case of medical treatment, disability partial or complete or incapacitation of body/limb, the attestation certificate of only Registered Qualified Doctor shall be accepted.
- c) A copy of daily diary report and post-mortem report in case of death and disability certificate in case of disability shall be mandatory for submitting the claim.
- d) The claim petition should be supported by an Affidavit duly attested by Oath Commissioner or 1st Class Magistrate.
- e) In case of death, death certificate and in case of physical loss of limb, a photograph of the left over limb be also attested attached on behalf of the claimant.
- f) The Chairman/Administrator of concerned Market Committee shall be competent to dispose of the applications/claims received under this scheme

subject to overall control and supervision of the HSAMB.

- g) The Chief Administrator of the Board is empowered to make modifications in the procedure laid down for making applications/claims and its disposal from time to time as he considers appropriate for the implementation of this scheme.

9. Disputes Redressal Authority :

The Chief Administrator of the Board shall be the Appellate Authority to dispose of the grievances, if any, of any party against the orders passed by Market Committee under this scheme.

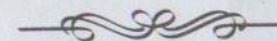
10. Limitation :

The application for the assistance under this scheme shall be made within two months from causing of such death or disability. However, the Chief Administrator may condone the delay upto two years. The application received beyond two years delay may be considered in case the Chairman, HSAMB considers it fit to entertain at such a later stage.

11. Repeal and Savings :

The scheme to provide special assistance to the victims of accidents during the agricultural operations/pursuits by the Market Committee is hereby repealed.

Provided that any order made or action taken under the scheme so repealed shall be deemed to have been made or taken under the corresponding provisions of this scheme.



Claim application to provide special assistance to the victims of accidents occurred during agricultural operations/pursuits in the fields, village and market yards while going and coming from such places within the State of Haryana.

1. Name of the Claimant : _____

Occupation of claimant (Please tick the right one) :

- (a) Farmer (b) Field Labourer (c) Mandi Labourer (d) Dairy Farming (e) Poultry Farming

2. Father's Name : _____

3. Full Address :

- (a) Village _____ (b) Tehsil _____
(c) District _____

4. Age : _____

6. Accident :

- (a) Date : _____ (b) Time : _____
(c) Place : _____ (d) Village _____
(e) On road going or coming from Mandi : _____
(f) Mandi : _____

7. In case of employee, name and address of the Employer :

- (a) Name of Employer : _____
(b) Father's Name : _____
(c) Village/Town : _____
(d) Tehsil : _____
(e) District : _____

8. Nature of accident (tick the right one) :

- (a) Death, (b) Amputation of one limb/permanent serious injury
(c) Amputation of two limbs/permanent serious injury
(d) Cutting of part of finger, (e) Cutting of full finger,
(f) Cutting of four fingers (amputation of one limb),

9. Organ injury and reason of death (please tick the right one)
- (a) Agriculture related machinery, (b) Equipments,
(c) Tools, (d) Implements, (e) Machinery, (f) Digging of well,
(g) Installing Tubewell, (h) Cane Crusher, (i) Kohloo,
(j) Cutting Fodder, (k) Thresher,
(l) Poisonous gas during digging of well,
(m) Poisonous gas during working or installing Tubewell,
(n) Electric current while working on Tubewell,
(o) By animal, (p) By animal carrying van, (q) By truck,
(r) From any vehicle while taking agricultural produce to or
from mandi, (s) Insecticide, (t) Pesticide, (u) Electric current,
(v) Fire accident, (w) In mandi while uploading/winnowing/
weighing of agricultural produce, (x) Biting by snake or any
other poisonous insect/by biting of animal.

(Signature of the applicant
or Finger thumb
impression)

Signature and address of immediate relatives : _____

(i) Village : _____ (ii) Tehsil : _____

(iii) District _____

It is certified that the above information provided by Shri/
Ms. _____ son/daughter/wife/widow of
Shri/Smt. _____ is true and correct.

(a) Signature

(1) Sarpanch _____

(2) Two Panches or Numberdar : _____

(b) Member :

Municipal Committee/Municipal Corporation

OR

Commissioner Municipal Corporation/Administration

With address :

**Report of Secretary-cum-Executive Officer, Market Committee
on claim regarding injury/accident occurred due to handling of
agriculture related machinery/implements/equipments etc.
resulting in death/permanent disability etc.**

It is certified that information furnished by the Claimant
Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms. _____

resident of Village/Town _____

Tehsil _____ District _____ match

with the information verified and provided by Medical Officer/Doctor
(report attached) are due to handling of agriculture related
machinery/implements/equipments etc. are acceptable.

Signature of the Claimant are taken on dated _____

Signature : _____

Secretary-cum Executive Officer,
Market Committee _____

MEDICAL CERTIFICATE

It is certified that Shri/Ms. _____
son/daughter/wife/widow of Shri/Ms. _____
resident of village/City _____
Tehsil _____ District _____ get the
treatment in my hospital/dispensary _____
from _____ upto _____ with register No. _____
dated _____ under the following injuries/accidents :-

- (a) Death
- (b) Breakage of backbone (if it is permanent disability)
- (c) Amputation of one limb/organ i.e. hand, foot, eye leg
or arm etc.
- (d) Amputation of two limbs
- (e) Amputation of part of finger
- (f) Amputation of full finger
- (g) Amputation of four fingers
- (h) Permanent serious injury

Signature of the Doctor
Registration No. & qualification

Full Address :

Name _____

Name of Hospital/Dispensary : _____

Village _____ Tehsil _____ District _____