

**APPLICATION FORM FOR THE AWARD OF COMPENSATION UNDER  
THE MANIPUR COMPENSATION SCHEME FOR WOMEN VICTIMS/  
SURVIVORS OF SEXUAL ASSAULT/OTHER CRIMES, 2023**

1.	Name of the Applicant: Victim or Dependent (in case the victim is deceased)	
2.	If the applicant is a dependent, name of the Victim	
3.	Age of the applicant	
4.	(a) Father's Name of the applicant  (b) Mother's Name of the applicant  (c) Spouse's Name of the applicant If applicable (optional)	
5.	Address of the applicant Upload an address proof (Adhaar, Voter Id or Permanent Resident Certificate)	
6.	Date and time of the incident	
7.	Whether FIR has been lodged? Upload a copy of the FIR	
8.	Whether medical examination has been done? If yes, upload Medical Report/ Death Certificate/ Post Mortem Report.	
9.	Status of trial: Pending or Over. Mention Case No. and name of the court.	
10.	Has the applicant been awarded any compensation by the trial court or any other Govt. agency? If yes, give details.	
11.	Give details of financial expenditure/loss incurred.	

12.	Have you instituted any civil suit/claim against the perpetrator of offence? If yes give details.	
13.	Signature of the Victim/Dependent. Scanned copy of the signature to be uploaded.	
14.	Contact No. (mandatory)	