

FORM VI-A

VICTIM'S FORM RELATING TO MINOR CHILDREN OF VEHICLE(S)  
By Victim(s) to Investigating Officer within sixty(60) days of Accident  
Copy to Child Welfare Committee and SLSA.

FIR No.	
Date	
Under Section	
Police Station	

S. No.	Details of Children	Child 1	Child 2	Child 3	Child 4
1	Name				
2	Age/ Date of Birth				
3	Sex				
4	SC/ST/OBC/General				
5	Father's Name				
6	Mother's Name				
7	Guardian's Name (If different from Parent)				
8.	Family Income (Annualy)				
9	Permanent Address				
10	Present Address				
11	Contact No. of Father/ Mother/ family members				
12	Whether the child is differently abled : If yes, give details				
13	Present living conditions/ economic condition (after the accident)				
<b>Educational details of children</b>					
14	Current status of education				
	Level of education (Class)				
	Whether the child is enrolled under EWS quota				
15	If not attending school, reasons to be provided				

Contd..... 2

16	<b>Details information of the school where the child is studying</b>				
	Corporation/ Municipality Panchayat				
	Govt./ Other Boards				
	Private Management				
17	<b>Expenditure on education</b>				
	Monthly school tuition fee				
	Annual School Fee				
	Private tuition/coaching fee				
	Any other expenditure/ logistics fee				
18	<b>Vocational training/skill development, if any</b>				
	Type of Skil development				
	Coast involved				
<b>Health and Nutrition</b>					
19	Physical health condition of the child (including medical examination report, in case of any disability)				
	Any injury to child. If yes, detailsto be given				
	Loss of any body part due to accident				
20	<b>Mental health condition of the child</b>				
	Whether immediate phychological counseling/ Treatment/support required.				
	Wheather long term support required				
21	<b>Medical expenses, if any</b>				
	Cost involved in immediate medical treatment				
	Cost involved in long termmedical treatment				
22	Diet and nutrition expenses				

Documents to be submitted :-

1. Copy of school/educational Institution ID
2. Copy of Adhar Card
3. Proof of education fee
4. Proof of other expenses/espenditure of the children

5. Copy of Medical documents
6. Disability Certificate, if applicable
7. Copy of Caste Certificate, if anpplicable
8. Copy of Income Certificate, if applicable

Verification :

Verified at ..... on this ..... day of ..... that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals.

\_\_\_\_\_  
(Victim(s))

Name and photographs of all the Minor Children

Sl. No.	Name	Photograph
1		
2		
3		
4		

Note :

1. Form VI and VIA to be sent by Investigating Officer to the concerned Child Welfare Committee to ascertain if the Child is in Need of Care and Protection (CNCP)
- 2.
3. Copy of Forms VIA and VIB to be sent to state Legal Services Authority(SLSA) to assign a llawyer to assist the child/children to avail their legal remedies/ rights.