# APPLICATION FORMAT FOR ACID ATTACK VICTIMS

Photograph of Victim to be pasted/ attached.

| Sl. No. | Details | |
|---|---|---|
| 1. | Name of the Victim | |
| 2. | Name of the Father/Mother in case victim is minor | |
| 3. | Details of the attack | |
| 4. | Full Postal address | |
| 5. | Mobile Number | |
| 6. | e-mail address | |
| 7. | Aadhar Card Number [if available] | |
| 8. | **Bank Details** | |
| | Name of the Account Holder/Guardian in case victim is minor | |
| | Name of the Bank | |
| | Name of the Branch | |
| | Account No. | |
| | IFS Code | |

*Kindly attach copy of FIR, Medical Reports and Identification/address proof (adhar card, Voter I Card etc.).*