

FORM- XXXIV.

[See rule 271]

APPLICATION FOR THE MATERNITY BENEFIT

1. Name and Address of applicant
2. Registration No.
3. Date of completion of 60 years
4. Date of payment of 1st subscription amount and Name of Bank
5. Default if any and reasons thereof
6. Date of payment of last subscription amount, date and name of Bank
7. List of documents:
 - (a) Identity Card
 - (b) Pass book
 - (c) Challans
8. Address to which pension is to be sent
9. Any other information (Details of benefit if any,
From other Welfare Boards)

The facts mentioned above are true to my knowledge and information.

Name and Signature of applicant.

Place:

Date:

Form for Medical Certificate

(To be obtained from a Medical Officer)

I.....have.....
examined Smt.....age..... years and wife of
Shri.....she is pregnant runningmonth.
She had delivered a child on.....

Name of the Doctor & Seal.

Place:

Date: