

FORM- XXXIX.

[See rule 275(2)]

APPLICATION FOR DISABILITY PENSION

1. Name and Address of applicant
2. Age and date of Birth
3. Registration Number
4. Date of payment of first subscription amount and name of Bank and Branch
5. Date of payment of last subscription amount and name of Bank and Branch
6. Total amount of subscription
7. Details of disease/ accident
8. Nature of disability due to disease/ accident
9. Details of treatment in Government hospitals, Date of admission and date of discharge.
10. Whether the patient was in plaster? If so, for how many days?
11. Amount spent for treatment (should be supported by medical bills counter signed by the treating doctor).
12. List of documents submitted
13. Details of benefits received, if any, before.
14. Details of benefits received if any from government or any other institution for the above treatment.

The above facts are true to my knowledge and information.

Place:

Date:

(Name & Signature of Applicant)