

FORM- XLI.

[See rule 277]

APPLICATION FOR FUNERAL BENEFIT

1. Name and Address of Applicant
2. Relationship of applicant with the worker
3. Name and address of worker
4. Registration No.
5. Date of Registration
6. Date of payment & first subscription, amount and Name of bank, branch
7. Date of payment of last subscription, amount, name of bank, branch
8. Duration of membership
9. Whether membership was live?
10. Date of death of the worker
11. Reason for death.
12. Whether applicant is the nominee of the worker?
13. If not, whether the applicant has submitted dependence certificate
14. Name, age & date of birth of the nominee
15. If nominees are minor, name of guardian and his relationship with the children
16. Whether consent letters from other nominees submitted?
(where the no. of nominees is more than one)
17. Whether certificate of guardian- ship submitted by the minor children
18. Amount of benefit, applied for

The above facts are true to my best of knowledge and information.

Place,

(Name & Address of applicant)

Date:

FORM- XLII.

[See rule 280]

APPLICATION FOR MEDICAL BENEFIT

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
5. Date of payment of last subscription amount and
Name of bank.
6. Total amount remitted.
7. Details regarding disease/surgery
8. Disability if any, due to disease or surgery
9. Period of treatment as patient in Government
hospitals (Date of admission in the hospital and
date of discharge)
10. List of documents submitted.
11. Details of medical benefits received, if any
before.

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

Place:

Date:

(Name and Address of applicant)