

FORM XXI
[See Rule-47]

Application for assistance to a beneficiary in case of accident resulting in death or permanent disablement (incapacitation)

To,
The Secretary,
Karnataka Building & Other
Construction Workers Welfare Board,
Government ITI Compound,
Near Bangalore Dairy Circle,
Bannerughatta road, Bengaluru-560029.

1	Name and address of applicant (whose spouse being a Registered Construction Worker has died or is permanently disabled due to accident) or the injured beneficiary who is a Registered Construction Worker:	
2	Age and date of birth of the deceased beneficiary of the injured beneficiary:	
3	Registration No. and date of the deceased beneficiary or the injured beneficiary: (in case of the death of the beneficiary enclose original identity card and in case of survival of the beneficiary)	
4	Whether up-to-date subscription amount is Paid by the beneficiary if so, upto what date (enclose photocopy of the identity card or certificate from the concerned Labour Officer):	
5	Details regarding accident involving the beneficiary	
	(a) Date of accident:	
	(b) Whether accident resulted in death of the beneficiary (enclose original or attested copy of the death certificate)	
	(c) Whether accident resulted in permanent total disablement (i.e. 100% disability) or permanent partial disablement (i.e. less	

	<p>than 100% disability), mention the percentage of disability:</p> <p>(enclose original medical certificate mentioning the percentage of disability suffered by the beneficiary issued by the doctor who has examined the beneficiary and the photograph of injured beneficiary)</p>	
	(d) Name and address of the employer at the time of accident:	
	(e) In case of permanent total disablement or permanent partial disablement, mention the date, place, time of accident	
6	Give bank account number with name, address and IFSC code of the bank:	

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

Place:

Date:

Signature/Thumb impression of the Beneficiary Applicant