

FORM-XXI  
[See Rule-47]

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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,  
.....  
BANGALORE-560

1	Name and address of applicant:	
2	Age and date of birth:	
3	Registration No:	
4	Date of payment of first subscription, amount, Challan No. and Name of Bank, Branch:	
5	Date of payment of last subscription: Challan No. amount, Name of Bank, Branch:	
6	Total amount of subscription:	
7	Details regarding accident:	
8	Nature of disability due to accident:	
9	Whether treated in Government hospital? If so, date of admission and date of discharge:	
10	Whether applicant was in plaster? If so, for how many days:	
11	Details of documents submitted	
12	Financial assistance applied for	
13	Have you received any financial assistance for treatment before? If yes, give particulars.	

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

Place:  
Date:

Name and signature of the applicant