

FORM-XVIII

[See sub-rule (2) of Rule 44]

Application for Grant of Funeral Expenses/ Natural Death Assistance

To:
The Secretary,
Karnataka Building & Other Construction
Workers Welfare Board,
.....
Bangalore-560.....

1	Name of the registered construction worker:	:	
2	Address:	:	
3	Age:	:	
4	Nature of work:	:	
5	Registration Number and Date: (Original Identity Card should be enclosed)	:	
6	(a) Place of death: (b) Date of death: (c) Cause of death:	: : :	
7	(a) Name of the applicant: (b) Age of the applicant: (c) Address of the applicant: (d) Whether the applicant is a nominee of the Deceased registered construction worker for whose death the assistance is sought: (e) Relationship of the applicant to the deceased registered construction worker for whose death the assistance is sought:	: : : : : :	

CERTIFICATE

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Place : Signature/Thumb impression of the Applicant
Date:

SANCTION

1. I hereby sanction a sum of Rs2,000(Rupees two thousand only) as assistance for the funeral of Sri/Smt. a registered construction worker.
2. I hereby sanction a sum of Rs. 5,000 (rupees five thousand only) as assistance on the natural death of Sri/Smt. a registered construction worker.

Place: Secretary,
Date: Karnataka Building & Other
Construction Workers Welfare Board,
Bangalore