

FORM-XX
[See Rule-46]

.....
Application to meet Medical expenses to a beneficiary

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:	
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:

Name and address of the applicant.

Date: