**FORM OF APPLICATION**

1. Name in full of the worker:

2. The name and address in full of

the Mine/Beedi Establishment

employed.

3. The date of his employment

and the total continuous service

in the Mine/Beedi Establishment.

4. Designation or the nature of his

employment.

5. His monthly salary/wages (excluding bonus).

6. The Hospital where admission is sought.

7. Whether he was admitted previously under

this Scheme. If so, give date and the

period of his stay and the name of the

Hospital.

Signature

Date: Name

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Signature

Date: Name

ATTESTATION OF THE MINE MANAGER/OWNER

It is certified that Shri/Smt ………………………………… is employed in this mine as ………………………. Continuously for ……………………… years ……….. months and to the best of my knowledge and information the particulars give above by him/her are correct.

Date Seal Signature

Mine Manager/Owner

Name and address of the mine

CERTIFICATE OF THE MEDICAL OFFICER

Shri ……………………………….. employed in ………………………. Mine and whose signature/thumb impression is given hereunder, was examined by me on ………………. And was found to be suffering from ……………………… accordingly to my opinion his admission the mental Hospital/MansikArogyashala is not absolutely necessary for ……………………..months/days.

Date Seal Signature

Name

FORM OF REGISTER TO BE MAINTAINED IN HOSPITALS WHERE

MENTAL PATIENT HAVE BEEN ADMITTED

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SI. No. | Name of the worker | Nature of employment. | Name of the mine | Date of admission | Nature of sickness | Duration of retention | Complete or partial recovery | Date of discharge. | Signature of the doctor | Remarks. |