**APPENDIX-1**

**LEPROSY DISEASE**

Application for grant of subsistence allowance to dependants of such mine / beedi workers who happen to be the only earning member of the family having no other source of income and who are suffering from leprosy and undergoing treatment as in patient or out patient in recognized hospitals / clinics / dispensaries and are receiving regular treatment from a medical authority approved by the welfare commissioner, labour welfare fund organization.

1 Name and address of the mine / beedi workers applicant.

2His / Her designation or the nature of his / her employment.

3 Name and address of the mine / beedi establishment where he / she was

working before being attacked with leprosy.

4 His / Her monthly salary / wages (excluding bonus) prior to being

attacked with leprosy.

5 The date of his / her employment.

6 If He / Her (patient) is getting any financial assistance from the mine

management / beedi establishment or from any source. If so state amount

with period.

7 Number of dependants of the mine / beedi worker (dependants include

wife / husband / unmarried children and step children residing with and

whollydependant on the worker)

8 Name, age, marital status and relationship of each dependant.

9Name and address of the leprosy hospital / clinic / dispensary where the

worker is being treated.

10 Name of owner of the leprosy hospital / clinic / dispensary in question

11 Is He / She being treated as indoor or out doorpatient

12 In case as out door patient whether under treatment of a medical authority

approved by the welfare commissioner, labour welfare fund organization.

13 A certificate that the patient is the only earning member of the family and

has no other source of income from manager, mine / beedi establishment

or from district magistrate or any gazette office or by the headman of a

villagepanchyat in case dependants reside in a village.

14 Certificate of the manager, mine / beedi establishment / district magistrate

/ headman of village panchayat.

Certified that the statement made by the applicant against item

1 to 8 have been verified and fund to be correct.

Manager / Agent / Owner of the

mine/ Beedi Establishment.

2nd certified of the medical authority.

Certified that the statement of the applicant against items 9 to 11 is correct. He / She is / has been receiving regular treatment as out door patient

in this leprosy hospital / clinic / dispensary with effect from-------------------------and the treatment is likely to continue up to--------------------

Certified that his / her application for grant of diet allowance was not recommended before and he has not received diet allowance from the labour welfare fund.

He / She is under treatment of Dr.------------------------------- approved by the welfare and cess commissioner labour welfare fund.

Signature-------------------

Designation----------------

Official stamp-------------

Date----------------

If it is subsequently found that any statement made by the applicant is wrong no claim will be entertained.

Signature or thumb impression of the applicant.

1st certificate of the manager of mine k/ beedi establishment / district magistrate / headman of village panchayat:-

Certified that to statements made by the applicant against items 1 to 8 have been verified and found to be correct. The statement against item 13 also verified by inquiry and found to be correct.

Manager / Agent / Contractor