**APPENDIX – I**

Application form for the grant of benefit under the mica / iron ore, manganese ore and chrome ore and limestone and dolomite mines fatal and serious accident benefit scheme.

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To,

The welfare commissioner,

Labour welfare organization,

Subject:- Grant of benefit under the mica / iron ore, manganese ore and chrome ore and limestone and dolomite mines fatal and serious accident benefit scheme.

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Sir,

I beg to apply for the grant of benefit under the mica / iron ore, manganese ore and chrome ore and limestone and dolomite mines fatal and serious accident benefit scheme. The requisite particulars are given bellows:-

(a) Name of the applicant

(b) Relationship with the worker

(c) Address

(d) Name of the worker with father‟s / husband‟s name

(e) Name of the mine where employed

(f) Post on which employed

(g) Place where the accident took place

(h) Date and time of the accident

(i) Nature of accident

(j) Whether the accident was fatal or it made the worker totally and permanently incapacitated?

(k) No. of school going children

|  |
| --- |
| Sl. Name of Sex Age Name of the Class in Date Remarks  No. the child institution in which  Which studying Studying of admission |

I solemnly affirm that:

(i) The particulars given above are true

(ii) I am a widow / widowers of the deceased worker and have not re-

married

(iii) I am dependent on the deceased worker

(iv) I am the father / month / son / daughter / unmarried or widowed

sister/ brother of the deceased worker

(v) I am the guardian of the deceased worker

(vi) No girl mentioned in (k) above is married

\*Strike off whichever is not applicable

Signature of L. T. I. of the applicant.

Certificate to be signed by the head of the educational institution.

Certified that the particulars given in col. (k) are correct. The student are continuing in their classes

Date Place Signature of the headmaster

Seal

Certificate to be signed by the Mukhia of the gram panchyat or the

manager or agent of the mine concerned.

\_\_\_\_\_\_\_\_\_

Certified that the particulars given by the applicant are true and correct

Signature of the Mukhia of panchayat/

Manager or agent of the mine.

Name

Address

Designation

Name of the mine or village

Seal of the Mukhia

Manager or agent Date.

(iv)

Certificate of the superintendent of any of the hospitals of the mica / iron ore, manganese ore and chrome ore and limestone and dolomite mines labour welfare fund or the medical officer of the mine hospital.

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Certified that the worker Shri / Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mine) as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was involved in the accident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mine) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and has died / has been permanently and totally incapacitated.

Place

Date Signature of medical officer Seal