Scheme no. 6

FORM „A‟

**Application form for financial assistance for domiciliary treatment of minor diseases like Hernia, Appendectomy ulcer, Gynaecological diseases and prostate diseases.**

To

The Welfare Commissioner,

Labour Welfare Organisation,

………………………………

Sir,

I hereby apply for financial assistance for undergoing domiciliary treatment of minor diseases like Hernia, Appendectomy ulcer, Gynaecological diseases and prostate diseases in

………………………………….. (Name of the hospital) where the treatment has been recommended by the Medical Officer, Labour Welfare Organisation. In this connection, I submit my particulars as under:-

7. Name of the Applicant in Full

( In Block Letters)

8. Name and address in full of the

Mine/Beedi establishment/Beedi

Contractor/Agent.

9. The date of his/her employment

and total continuous service.

10. Designation or the nature of his/her

employment.

11. His/Her monthly salary/wages (excluding bonus)

12. (a) Identity Card No. in case of Beedi Workers.

(b) „B‟ Register No. in case of Mine Worker.

Signature of Mine/Beedi worker/Cine worker

Name:

Place:

Date:

CERTIFICATE BY THE MINE MANAGER/OWNER AND IN CASE OF BEEDI

WORKERBY OWNER OF ESTABLISHMENT/CONTRACTOR/AGENT

It is certified that Shri/Smt./Kum. ……………………………………. Is employed in this

mine/Beedi Establishment by me as ………………………………… continuously with effect

from …………………………………….. and information furnished by him/her as above is

correct.

Signature:

Designation:

Name and Address of the Mine/Beedi

Management/Contractor.

Date:

Seal of the Mine/Beedi

Establishment

Countersigned by the Owner/Manager of the Beedi Establishment if the worker is

working under Contractor/Agent.

OWNER/MANAGER

Name:

Designation:

Address:

Date:

CERTIFICATE OF THE MEDICAL OFFICER OF THE LWO

Certified that I have carefully examined Shri/Smt./Kumari ……………………

…………………………….. and found him/her suffering from ………………………..

……………… diseases. In my opinion, his/her admission in the ………………………

……………….. hospital which is recognized by the Govt. of ………………………….

Is absolutely necessary for ………………………………………………………..

His/her Identity Card No. is …………………………………………………

„B‟ Register No. is ……………………………………………………………

Signature:

Name:

Designation:

Name of the Dispensary/Hospital

Dated: ………………

FORM „B‟

Application for grant of subsistence allowance from the Labour Welfare Organisation under the

Scheme for Financial Assistance to Mine and Beedi workers for domiciliary treatment of minor

diseases like Hernia, Appendectomy ulcer, Gynaecological diseases and prostate diseases.

To,

The Welfare Commissioner,

Labour Welfare Organisation,

……………………………

Sir,

I herby apply financial benefits under the scheme for financial assistance to mine and

beedi workers for …………………………… I have undergone treatment for

………………………… (mention the name of the hospital where the treatment has been

taken).

I furnish my particulars as under:-

8. Name of the Applicant in full :

9. Date of birth/Age :

10. Full postal/residential address of the applicant :

11. Full address of the hospital where

the applicant has undergone treatment :

12. The reference No. and date of the

letter from Welfare Commissioner permitting

him/her to undergo treatment in the above

hospital. :

13. Amount actually incurred by the Applicant

for treatment (Furnish the details with

supporting bills etc. each bill has to be

countersigned by the hospital authorities

with seal and full signature) :

(a) Hospital charges including diet etc. : Rs.

(b) Expenses for pre and post operation

Check ups:Rs.

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

Total :Rs.

I hereby declare that the particulars furnished above are correct. If any of the

particulars are found to be incorrect, I realize that I will be liable action for suitable action

apart from refund of financial assistance, if any received by me.

Signature of the Mine/Beedi worker

Place:

Date:

CERTIFICATE BY THE MANAGEMENT

It is certified that Shri/Smt/Kum/ ……………………………… is employed in this

mine/Beedi Establishment by me as …………………………….. ( mention designation)

and that his/her wage is ………………………… p.m.

It is certified that no wage have been paid to Shri/Smt/Kum. …………………….

…………………….. for the period of his/her treatment from ……………………….. to

…………………….

His/her Identity Card/‟B‟ Reg. No. is ………………………………………..

Signature

Designation

Name & address of the

Beedi/Mine management.

Date