**HEALTH**

ANNEXURE ‘A’

DOCTOR’s CERTIFICATE

This is to certify that Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ husband/wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose signature/LTI is appended below has undergone sterilization operation successfully on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Medical Institution). I recommended that monetary compensation of Rs.200/- may please be paid to him/her from the Beedi Iron Ore Manganese Ore and Chrome Ore, Limestone and Dolomite Mine and Cine Workers Welfare Funds of the Labour Welfare Organisation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/LTI Name of the Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNEXURE „B‟

Application Form for payment of Monetary Compensation for Sterilization.

1. 1. Name of the applicant: Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 2. Wife/Husband of : Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 3. Identity Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 4. No. of living children of the applicant.
5. 5. Date of sterilization.
6. 6. Name of Medical Institution where sterilization operation was conducted.

(i) It is requested that Monetary Compensation @ Rs.200/- may be sanctioned to me for having undergone sterilization operation at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* 1. (ii) A certificate issued by the aforesaid medical institution is enclosed herewith.
  2. (iii) I undertake that I shall refund the said compensation if at any stage it is proved that it is false claim.

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

Signature/Thumb impression of the

Applicant/Iron Ore, Limestone and

Dolomite/ Cine Workers.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersigned by Employer.