Scheme no. 3

**ANNEXURE-I**

APPLICATION FORM FOR THE PAYMENT OF LUMP SUM GRANTS OF Rs.1000/- TO FEMALE WORKERS UNDER THE MATERNITY BENEFIT SCHEME FOR FEMALE BEEDI, IMC, LSDM AND CINE WORKERS.

1. Name of the applicant :

2. Address :

3. Wife/Daughter of :

4. Identify Card No. :

5. Date of delivery :

It is requested that the lump sum grant of Rs.1000/- may kindly be sanctioned to me. Following certificates are enclosed:-

i)Birth Certificate of the Child born.

ii) Certificate to the effect that I am a beedi, IMC, LSDM and Cine Worker.

The certificate shows that I have been a beedi, IMC, LSDM and Cine Worker for

at least six months before the delivery.

iii) Certificate to the effect that the benefit is being claimed for the first/second time.

I understand that I shall refund the said amount if it is proved that it is a false claim.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Thumb impression of the Applicant

Recommendation of the Medical Officer Incharge of the nearest dispensary of the Labour Welfare Organisation.

Medical Officer Incharge

**ANNEXURE-II**

This is to certify that Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wife/daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a beedi/IMC/LSDM/Cine Worker. She is employed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as on date and has been engaged in beedi making/working as IMC/LSDM/Cine Workers for the last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year(s) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month(s).

\*\* According to her statement which is enclosed. Her employer as per her statement has refused to issue her the employment certificate. Her Identity Card No. is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Signature of Employer/Gazette Officer of the Labour Welfare Fund Organisation/medical Officer Incharge

of the nearest dispensary of the Labour Welfare Organisation.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* This may be deleted in case the employer signs the certificate.