**Scheme no. 7**

**Application Form for seeking financial assistance for marriage of daughter by widow of beedi/mine/cine worker**

1. Name of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of the deceased worker and her/his \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

relationship with the applicant

3. Name of the daughter for whose marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

assistance is sought

4. Name of employer/establishment where the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

beedi/mine/cine worker was working at the time of his death

5. Date of joining the establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of death of the worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Details of family members of the deceased beedi/mine/cine worker (enclose copy of Identity

Card as proof)

|  |  |  |
| --- | --- | --- |
| |  | | --- | | SI. NoNameRelationship with the workerDate of birth | | 1.  2.  3.  4. |   8. Name and address of bridegroom  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Date of marriage (enclose copy of invitation card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Declaration: I solemnly declare that the above particulars are correct the best of my knowledge and belief and in the event of any of the above statements found incorrect. I will return the full amount of financial assistance of the Welfare Commissioner.  Place:  Signature of applicant  Date: |