**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)

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| 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: |