

APPLICATION FOR DISABILITY ASSISTANCE

To

The Secretary
A & N Building and Other Construction Workers Welfare Board
Port Blair

1.	Name and address of applicant	
2.	Registration No.	
3.	Age and date of birth	
4.	Date of Accident	
5.	Date of Registration	
6.	Date of payment of 1 st subscription and amount	
7.	Date of payment of last subscription	
8.	Bank Account details	
9.	List of Documents submitted (a) Medical certificate in respect of percentage of disability (b) Age proof (c) Proof for last pay	

The facts furnished above are true to my knowledge and information

Place:

Date:

Name and signature of applicant
Mobile