

FORM -U

(See Rule-35-(3))

APPLICATION FOR MATERNITY BENEFIT

To

The Secretary
A&N Islands 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.	Name of Husband/Wife	
5.	Date of confinement	
6.	Have you applied for this benefit Earlier	
7.	If so how many times and give details	
8.	Date of Registration	
9.	Date of payment of 1 st subscription	
10.	Date of payment of last subscription	
11.	List of Documents submitted (a) Medical certificate for confinement in original	

The facts furnished above are true to my knowledge and information.

Place:

Date:

Signature and Name of Applicant