

APPLICATION FOR MEDICAL ASSISTANCE

To

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

1.	Name and address of applicant (a) Name and Age of Dependent of the applicant if the applicant is claiming medical assistance for the dependent	
2.	Age and Date of Birth of the applicant	
3.	Registration No.	
4.	Date of payment of 1 st subscription amount	
5.	Date of payment of last subscription	
6.	Total amount of subscription	
7.	Details regarding illness	
8.	Nature of disability due to accident if any	
9.	Whether treated in Govt. Hospital? If so, date of admission and date of discharge and fitness certificate.	
10.	Place of treatment, in case he is not treated in Govt. Hospital & period of treatment Bills No. date to be enclosed in originals	
11.	Whether the applicant was in plaster? If so, for how many days?	
12.	The details of serious illness for which Govt. Medical referred to Mainland for treatment (a copy of the Medical Superintendent in this regard shall be enclosed)	
13.	Total amount of Medical applied for	
14.	Details of documents submitted	

The above facts are true to the best of my knowledge and information.

Place:

Date:

Signature and Name of applicant