

**FORM-M**

**(See Rule 31 (1))**

**APPLICATION FOR FUNERAL ASSISTANCE**

To

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

1.	Name of the Registered construction deceased worker	
2.	Address	
3.	Registration No.	
4.	Place & Date of Death	
5.	Cause of Death	
6.	Name & Address of the Applicant (a) Relationship to the deceased worker (b) Whether the applicant is nominee or not	
7.	Details of documents submitted (a) Copy of the Death certificate (b) Copy of the nomination/legal heir certificate	
8.	Amount of death benefit sought	

The above details are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature and Name of Applicant/Nominee.