

**Application Form
For
Benefits Disbursement for Building and Other
&
Construction Workers and Transport Workers**

1. Beneficiary Type*: _____

2. Benefit Type: _____

3. Registration No. : _____

Details of Registered Worker

4. Salutation: _____ First Name*: _____

Middle Name: _____ Last name*: _____

Registration Details

5. Date of Retirement: _____

6. Date of Registration: _____

7. Registration valid up to: _____

Payment Details

8. Date of the first subscription/Renewal fees payment: _____ Amount: _____

9. Date of the last subscription/Renewal fees payment: _____ Amount: _____

10. Total Amount paid: _____

11. Name of the Bank: _____

12. Branch Name of the Bank: _____

Applicant Details

13. Salutation: _____ First Name*: _____

Middle Name: _____ Last name*: _____

14. Date of Birth*: _____ Age: _____

15. Gender*: _____

16. Mobile No: _____

17. Email: _____

18. Minor?*: Yes / No

If Yes, Guardian Details: _____

Applicant's Present Address, if Beneficiary (Applicant) other than Registered Worker

19. Address Line 1*: _____

20. Address Line 2: _____

21. Sub-Division*: _____

22. Rural/Urban*: _____

23. Block/Municipality/Corporation*: _____

24. Name of Block/Municipality/Corporation *: _____

25. PIN Code*: _____

26. Post Office: _____

27. Police Station: _____

28. District*: _____

29. State*: _____

30. Country*: _____

Applicant's Permanent Address, if Beneficiary (Applicant) other than Registered Worker

31. Address Line 1*: _____

32. Address Line 2: _____

33. Sub-Division*: _____

34. Rural/Urban*: _____

35. Block/Municipality/Corporation*: _____

36. Name of Block/Municipality/Corporation *: _____

37. PIN Code*: _____

38. Post Office: _____

39. Police Station: _____

40. District*: _____

41. State*: _____

42. Country*: _____

Generic Input for Benefit

43. Total Amount spent (INR): _____

44. Estimated Amount (INR): _____

45. Amount for Financial Assistance Applied (INR): _____

46. Is there any assistance already given to the applicant? : _____

47. How many times the benefit was sanctioned? _____

48. If the benefit was received earlier, Date of receipt: _____

49. Amount Sanctioned in this Financial Year: _____

50. Date of Purchase, if applicable: _____

51. Hospital Type (Govt. / Non-Govt.), if applicable: _____

52. Date of Admission: _____

53. Date of Discharge: _____

54. Relation of the applicant with the Worker: _____

55. Is the applicant a nominee of the worker? : _____

56. Remarks*: _____

Details for Accident Cases

57. Detailed Description of the Accident*: _____

58. Type of Physical Disability*: _____

Details for Death Cases

59. Marital Status of the Worker*: _____

60. Reason for Death (Description in Detail)*: _____

Details for Housing Loan

61. Reason for advance disbursement*: _____

62. Whether Applicant has his/her own home*: Describe in detail: _____

63. Is the Land under Municipality / Panchayat*: _____

64. Name of the Village*: _____

65. Name of the District*: _____

66. Name of the Location*: _____

67. Survey No*: _____

68. Value of the Land*: _____

69. Expected Cost of the Housing Construction*: _____

70. If the applicant has borrowed from anywhere else, please describe it in detail*:

71. Detailed Description of Financial Sources other than Housing Loan (If any)*: _____

Details for Medical Cases

72. Name of the Patient and relationship with the worker*: _____

73. Relationship with the registered worker*: _____

74. Detailed description of the disease / surgery: _____

75. Duration of the treatment (Days) *: _____

76. Place of the treatment*: _____

Details for Maternity Cases

77. Name of the Husband / Wife *: _____

Details for Educational Assistance for Children / Self

78. Name of the Student*: _____

79. Name of the last exam passed*: _____

80. Name of the institution*: _____

81. Address of the institution*: _____

82. Date of Admission (DD/MM/YYYY)*: _____

83. If the Child successfully cleared West Bengal Joint Entrance Exam, when did he/she pass and what was his/her rank? : _____

Details for Pension

84. Any Other information (Details of Benefit, if any, from other welfare Boards) receipt given by the Institution*: _____

Details for Marriage Purpose

85. Marriage of Applicant/Applicant's Child*: _____

86. Child Name, in case of Child's Marriage *: _____

87. Child Age, in case of Child's Marriage*: _____

Details for Money Accrued in Beneficiary Account

88. Total Amount (INR): _____

89. Total Interest earned on total Amount (INR): _____

90. Total Amount to be disbursed (INR): _____

Details for Purchase of Instruments

91. Type of the job of the applicant*: _____

Details for Pension of Husband / Wife

92. Date of Pensioner's Death *: _____

93. Amount of the Pension before Death: _____

94. Pension Account No*: _____

Details for Physical Disability

95. Type of the Physical Disability*: _____

Details for Funeral Expenses

96. Date of Death of the Worker*: _____

Details for Driver's Eye Checkup

97. Driving License Number *: _____

98. License Valid Up to*: _____

99. Doctor's Prescription uploaded? Yes / No

Details for TB Package

100. Scanned copy of 'DoTs' Card uploaded?*: Yes / No

I hereby declare that the above information is true to the best of my knowledge and belief.

Signature: _____

Date of Application: _____