

Application Form
(For Next of Kin/ nominee)

To
The Joint Labour Commissioner/ Deputy Labour Commissioner
..... (Jurisdiction)
West Bengal.

Sub: Application under Welfare Scheme of Silicosis Relief, Rehabilitation and Treatment Policy –
West Bengal.

Sir/Madam,

I,.....(name of the Next of Kin/
name of nominee).....(age in years).....(gender) am submitting this prayer
along with filled in Annexure – III before you for consideration and payment under the following
scheme/s.

1. Assistance on death before getting rehabilitation assistance
2. Assistance on death after getting rehabilitation assistance
3. Funeral assistance
4. Family pension
5. Financial assistance for education of wards
6. Kanyadan assistance for marriage of daughter
7. Education and skill development assistance to daughter

Kindly take necessary action please.

Yours faithfully,

Date:
Place:

.....
(Signature of witness in case of LTI)

.....
(Signature/LTI of the Next of Kin/ nominee)

.....
(Name of the Next of Kin/ nominee)

.....
(Relationship with the worker)

Mobile No.....

Annexure – III

1. Name of the worker –
2. Date of Birth of the worker –
3. Gender of the worker –
4. Residential address of the worker – District –
Block/ City –
Village/ Area –
Pincode –
5. Aadhar card No. of the worker (One copy has to be attached herewith) –
6. The worker appeared before District Silicosis Diagnosis Board –
7. Silicosis Diagnosis Certificate No. of the worker issued by Department of Health & Family Welfare (One copy of the certificate has to be attached herewith) –
8. Death Certificate of the worker (One copy of the certificate has to be attached herewith) –
9. Marital status of the worker – Married/ unmarried
10. Name of the Next of Kin / nominee–
11. Relationship between the Next of Kin / nominee and the worker –
12. Aadhar No. of the Next of Kin / nominee (One copy has to be attached herewith)–
13. EPIC No. of the Next of Kin / nominee (One copy has to be attached herewith) –
14. PAN No. of the Next of Kin / nominee (One copy has to be attached herewith) -
15. Bank Account No. of the Next of Kin/ nominee (One copy has to be attached herewith) –
16. Name and Branch of Bank (One copy has to be attached herewith) –
17. IFSC code of Bank (One copy has to be attached herewith) –

Date:

Place:

.....
(Signature of witness in case of LTI)

.....
(Signature/LTI of the Next of Kin/nominee)

.....
(Name of the Next of Kin/nominee)

.....
(Relationship with the worker)