

2336311/2022/O/o DD(DOF)

Application Form
(For worker)

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
worker).....(age in years).....(gender) am submitting this prayer along with
filled in Annexure – I and Annexure – II before you for consideration and payment under the
following scheme/s.

- 1. Rehabilitation assistance
- 2. Silicosis Rehabilitation pension
- 3. Financial assistance for education of wards
- 4. Kanyadan assistance for marriage of daughter
- 5. 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 worker)

.....
(Name of the worker)

Mobile No.....

Annexure – I

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. EPIC No. of the worker (One copy has to be attached herewith)–
7. PAN No. of the worker (One copy has to be attached herewith) –
8. The worker appeared before District Silicosis Diagnosis Board –
9. Silicosis Diagnosis Certificate No. of the worker issued by Department of Health & Family Welfare (One copy of the certificate has to be attached herewith) –
10. Classification of Silicosis for compensation purpose – (i) Non type A/B/C
(ii) Type A
(iii) Type B
(iv) Type C
11. Bank Account No. of the worker (One copy has to be attached herewith)–
12. Name and Branch of Bank (One copy has to be attached herewith)–
13. IFSC code of Bank (One copy has to be attached herewith)–
14. Marital status of the worker – Married/ unmarried
15. Details of Next of Kin of the worker -

	Name	Alive/Dead	Aadhar No.
Spouse			
Father			
Mother			
Son/s			
Daughter/s			

Date:

Place:

.....
(Signature of witness in case of LTI).....
(Signature/LTI of the worker).....
(Name of the worker)

Annexure – II

Nomination Form

- 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. / EPIC No. / PAN No. of the worker –
- 6. Silicosis Diagnosis Certificate No. of the worker issued by Department of Health & Family Welfare –

Name of Nominee	Date of Birth	Gender	Relationship between the nominee and the worker, if any	Aadhar No.

7. In case the Nominee is minor, the Guardian appointed in favour of Nominee -

Date:
Place:

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

.....
(Signature/LTI of the worker)

.....
(Name of the worker)