

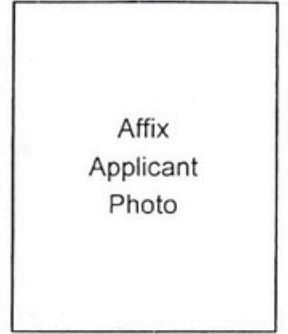
## Application for Claiming of Disability relief under BOCW Act.

Registration No. of the worker with date :

ALO Circle No. :

Renewed upto :

Challan No. Date & Amount :



1. Name of the Construction Worker (Applicant) : .....

a) Age : .....

b) Address : .....

c) Phone No. : .....

d) Caste : SC / ST / BC / Minority / others

2. Date of Accident : .....

3. Place & Address of the accident : .....

4. Cause of Accident : .....

5. Name & Date of authority issued FIR copy : .....

6. Name & date of the authority issued : .....

disability certificate : .....

a) Percentage of disability : .....

7. Bank Account No. : .....

a) Name of the Bank with branch : .....

b) IFSC Code No

Date :

Station :

**Signature / Thumb impression  
of the Applicant**

**Documents submitted :**

- 1) Regn. card under BOCW Act (Attested copy)
- 2) Renewal Challan Copy
- 3) Disability Certificate (Attested copy)
- 4) Advance stamped receipt
- 5) 1st page of Bank Pass Book (Attested copy)