

Hospitalisation Rel

**Application for Claiming of Distress relief**  
**(Loss of earnings during medical treatment)**  
**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) : .....

2. Address / . : .....

a) Age : .....

b) Phone No. : .....

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

3. Date of Accident : .....

4. Place & Address of the Accident : .....

5. Cause of Accident : .....

6. Name & address of the Hospital admitted : .....

7. No of days stayed in the hospital : .....

b) Date of discharge : .....

8. Name & date of authority issued FIR Copy : .....

9. Name & Date of the authority issued medical certificate : .....

10. 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) Admission card of Hospital
- 4) Doctor certificate / Medical certificate
- 5) Advance stamped Receipt
- 6) 1st page of Bank Pass Book (Attested copy)