

Application for claiming of "Fatal Accident Relief"/ Disability Relief for Un Regd. Construction wokers



1. Name of the Construction worker :
- a) S/o, W/o :
- b) Age :
- c) Address :
- d) Phone No. :
- e) Caste : SC / ST / BC / Minority / others
2. Place & Address of the Accident :
3. Name of the Building / Apartment :
4. Name of the Employer of the Building:
- Address :
5. Cause of the Accident :
6. Name & date of the authority issued FIR Copy :
- A) FATAL ACCIDENT
7. Date of Death :
8. Name & date of the authority issued postmortum report :
9. Name & date of the authority issued :
- Death Certificate
10. Name of the person applied for the benifit of the scheme :
- a) Age b) Address c) Phone No. :
- d) Caste : SC / ST / BC / Minority / others
11. Relationship with the deceased worker :
12. Name of the family members of the deceased worker :
- B) DISABILITY
13. Percentage of disability :
14. Name & date of authority issued medical certificate :
15. Bank Account No. :
- a) Name of the Bank with branch :
- b) IFSC Code No
- Date :
- Station :

Documents submitted :

- 1) Ration card of the applicant 2) Adhaar card of the applicant
3) Advance stamped receipt 4) 1st page of Bank Pass Book
Fatal Accident : 1) Death Certificate 2) FIR Copy 3) Postmortam report
Disability : 1) FIR Copy, 2) Disability certificate

**Signature / Thumb impression
of the Applicant**